

SEP 12 1945

## Certificate of Death

Certificate No. 17842

FILED

1. NAME OF DECEASED SOLOMON SCHNEINER NONE  
 (Print or Typewrite) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS  
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State NEW YORK  
 (b) Co. QUEENS (c) Post Office and Zone SUNNYSIDE  
 (d) No. 39-19 45"  
 (If in rural area, give location)  
 (e) Length of residence or stay in City of New York immediately prior to death 52 YRS.

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

4 ~~WIFE~~ HUSBAND } of KALA

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

6 AGE 80 yrs. mos. days hrs. or min. If LESS than 1 day,

7 Occupation  
 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RABBI  
 B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.

8 BIRTHPLACE OF DECEDENT: (a) State RUSSIA

(b) County (c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR NONE

11 NAME OF FATHER OF DECEDENT HYMAN SCHEINER

12 BIRTHPLACE OF FATHER (State or country) RUSSIA

13 MAIDEN NAME OF MOTHER OF DECEDENT SABINA SCHEINER

14 BIRTHPLACE OF MOTHER (State or country) RUSSIA

15 SIGNATURE OF INFORMANT Frank Schaner RELATIONSHIP TO DECEASED Son ADDRESS 39-19 45th St Sunnyside

22 PLACE OF BURIAL OR CREMATION Acacia Cem. DATE OF BURIAL OR CREMATION Sept. 12-1945

23 FUNERAL DIRECTOR Jewish Memorial Chapel Inc. ADDRESS 1406 Pitkin Av. PERMIT NUMBER 2762

MEDICAL CERTIFICATE OF DEATH  
(To be filled in by the Physician)

16 PLACE OF DEATH:  
 (a) NEW YORK CITY: (b) Borough BROOKLYN  
 (c) Name of Hospital or Institution KINGS CO. HOSP.  
 (If not in hospital or institution, give street and number.)  
 (d) Length of stay at place of death immediately prior to death 2 days

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) SEPTEMBER 11, 1945 545 M.A.

18 SEX MALE 19 COLOR OR RACE WHITE 20 Approximate Age 80 yrs

21. I HEREBY CERTIFY that I ~~examined the deceased~~ (a staff physician of this institution attended the deceased)\* from Sept. 9, 1945 to Sept. 11, 1945 and last saw him alive at 545M on Sept. 11, 1945

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)\* (Cross out terms that do not apply)

Principal cause of death GENERALIZED ARTERIOSCLEROSIS DATE OF ONSET

TERMINAL BRONCHOPNEUMONIA

Contributory causes and other conditions

Autopsy: none Operation: none  
 Date of (If none, so state) Date of (If none, so state)

Condition for which performed:

Signature Pauline P. Matuszew M. D.

Address KINGS CO. HOSP. Date 9-11-45

14H-1944  
 PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

Required in connection with Telephone Application for Removal Permit.

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

I hereby certify that the death of SOLOMON SCHEINER  
 (Print Name of Decedent)  
 who died on SEPT. 11 1945, at KINGS CO. HOSP.  
 (Date of Death) (Place of Death)

WAS NOT \* CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY  
 KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY  
 SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person WAS NOT \* one that should be  
 reported to the Medical Examiner.

Date 9-11-45 Pauline P. Matusewicz  
 (Personal Signature of Physician)

\* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from  
 criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in  
 any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner.  
 Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury the  
 remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall  
 certify in writing that he has been employed by the nearest surviving relative or next of kin."

**Removal of bodies prohibited without permit.** The regulations of the Board of Health prohibit the removal of  
 the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the  
 Department of Health, except when such removal is ordered in connection with an investigation conducted by the  
 Office of the Chief Medical Examiner, a District Attorney or the Police Department.

**Permission to remove dead bodies granted by telephone.** In keeping with these regulations, the Department  
 of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral  
 chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in  
 his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan,  
 when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission  
 may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person,  
 to dispose of the remains of Solomon Scheiner

by Benjamin Scheiner of 65 East 193 St. NYC  
 who is the Son and the nearest surviving relative or next of kin of the deceased.  
 (Relationship)

Name of permittee Jewish Memorial Chapel Inc. Permit No. 2762

By J. P. Misickoff  
 (Signature of licensed manager or funeral director if other than permittee.)

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. 13 granted by Frank  
 (Burial Clerk)

Date 9/11/45 Hour 11:55 (A.M.)  
 (P.M.) J. P. Misickoff  
 (Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.

14H-1944

Pro-Death

3

Institution

538

Pro Resid.

3

2 USUAL RESIDE

Reg-Dist.

8002

(b) Co. ....

(d) No. ....

(c) Length of  
New York

3 SINGLE, MARR  
OR DIVORCED

4 WIFE  
HUSBAND }

5 DATE OF  
BIRTH OF  
DECEDENT

6 AGE

70

7 Occupation

A Trade, pr  
kind  
saw

B Industry  
work  
saw

8 BIRTHPLACE  
OF DECEDENT

(b) County

9 OF WHAT CO  
DECEDENT A  
AT TIME OF D

10 WAS DECEA  
WAR VETER  
IF SO, NAM

11 NAME O  
FATHER  
DECEDEN

12 BIRTHPL  
OF FATH  
(State or

13 MAIDEN  
OF MOT  
OF DECE

14 BIRTHPL  
OF MOT  
(State or

15 SIGNATURE

22 PLACE OF B  
OR CREMAT

23 FUNERAL  
DIRECTOR

BUREAU O

MARGIN RESERVED FOR FINDING