

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF Brooklyn

Name of Institution Levash Sanitarium for incurables

Register No. 24642

2 FULL NAME Esther Polakoff

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED Widow  
(Write the word)

15 DATE OF DEATH December 3, 1931  
(Month) (Day) (Year)

6 DATE OF BIRTH 1866  
(Month) (Day) (Year)

7 AGE 65 yrs. 1 day, hrs. min.  
If LESS than 1 day, hrs. min.

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on November 16, 1931, that I last saw her alive on the 3 day of December 1931, that she died on the 3 day of December 1931, about 125 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was:

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) No. of years so occupied

Chronic Myocarditis  
duration yrs. 6 mos. ds.  
Contributory Myocardial Decompensation  
(Secondary) duration yrs. 2 mos. ds.

9 BIRTHPLACE (State or country) Russia  
(A) How long in U. S. (if of foreign birth) 25 (B) How long resident in City of New York 25 yrs.

Witness my hand this 3 day of Dec 1931  
Signature Samuel Bloomer M.D.  
House Physician

PARENTS OF DECEASED  
10 NAME OF FATHER Nathan Springberg  
11 BIRTHPLACE OF FATHER (State or country) Russia  
12 MAIDEN NAME OF MOTHER Rebecca Sheinboim  
13 BIRTHPLACE OF MOTHER (State or country) Russia

17 I hereby certify that I have this        day of 19, performed an autopsy upon the body of said deceased, and that the cause of her death was as follows:

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.  
Former or usual residence 190-20-111 Ave, Hollis  
Where was disease contracted, if not at place of death?

Signature        M. D.  
Pathologist        Hospital       

FILED 1861-7350  
96

18 PLACE OF BURIAL Accacia Cem

DATE OF BURIAL Dec 4, 1931

19 UNDERTAKER Ab Gordon

ADDRESS 341 E. Houston St

See 1987

NO UNMUTILATED CERTIFICATE WILL BE RECEIVED