

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

BOROUGH OF

Bklyn ny

No. 1019 Bushwick Ave St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc.

Private

Registered No. 1671

2 PRINT FULL NAME

Henry Lerner

3 SEX MALE	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) married	15 DATE OF DEATH March 6th 1936 (Month) (Day) (Year)
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5A WIFE HUSBAND } OF Esther

6 DATE OF BIRTH OF DECEDENT Sept 28 1885
(Month) (Day) (Year)

7 AGE 50 yrs 5 mos 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Physician (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Russia

(9) How long in U. S. (if of foreign birth) 28 yrs (9) How long resident in City of New York 28 yrs

PARENTS OF DECEASED

10 NAME OF FATHER OF DECEDENT	Morris
11 BIRTHPLACE OF FATHER (State or country)	Russia
12 MAIDEN NAME OF MOTHER OF DECEDENT	Anna Blath
13 BIRTHPLACE OF MOTHER (State or country)	Russia

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Usual residence

14A INFORMANT:

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from March 5th 1936 to March 6th 1936, that I last saw alive on the 6th day of March 1936 that death occurred on the date stated above at 10 AM., and that the cause of death was as follows

Coronary Thrombosis

duration yrs. mos. 1 ds.

Contributory (Secondary)

Operation? State kind

duration yrs. mos. ds.

Witness my hand this day of 1936

Signature [Signature]

Address 770 St. Marks St Bklyn ny

FILED

17 PLACE OF BURIAL

Cypress Hills Cem.

DATE OF BURIAL

March 8 1936

18 UNDERTAKER

Hebrew Memorial Chapel

ADDRESS

1406 Pitkin St

NO MUTILATED CERTIFICATE WILL BE RECEIVED

MARGIN RESERVED FOR BINDING

MAR 6 - 1936

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the Chief Medical Examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker herein by Esther Turner

of 1019 Bushwick Av who is the Wife (Relationship)

and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature) Jensel Memorial Chapel Inc

Business Address 1406 Peckham St

Permit Number (Undertaker's) 2762

If another undertaker in your employ is to take personal charge of the work in the care, preparation or other disposition of such dead human body, give his name and State License number.

State License No. _____

2/10/26
 10/13/26
 17868
 10/22/26
 10/11/26

Per: J. Minkoff