

25-2609-36-Bu
15 H 60

BORO-DEATH

INSTITUTION

BORO-RESID.

AREA-DISTRICT

SEX

COLOR

CIVIL. COND.

AGE

OCCUPATION

NATIVITY

MOTHER

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. T. ACCID.

ATT. AUTOP.

S.S. Pres. Harding
Lat. 46.54 N
Long. 36.46 W

CERTIFICATE OF DEATH

Certificate No.

1 PLACE OF DEATH

BOROUGH OF

S.S. Pres. Harding

No. 1 Broadway, N.Y.C.

Name of Institution

Address

Carl

Moeller

2 PRINT FULL NAME

First Name

Middle Name

Hermunde L

3 Residence (usual place of abode)

No.

30 Fritz Reuter Strasse

Ave
St.

Borough of Germany

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

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

Married

6A WIFE

HUSBANDS OF

Agnes

7 DATE OF BIRTH
OF DECEDENT

November

6

1871

(Month)

(Day)

(Year)

8 AGE

67

yrs.

2

mos.

9

ds.

If LESS than
1 day, hrs.
or min.?

9 OCCUPATION

A Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Waiter

B Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Steamship

C Date deceased last worked at
this occupation (month and year)

1-10-39

D Total time (years)
spent in this
occupation

Life

10 BIRTHPLACE
(State or country)

Germany

11 How long in
U. S. (if of for-
eign birth)

20 yrs.

12 How long resi-
dent in City
of New York

No

PARENTS OF DECEDENT

13 NAME OF
FATHER
OF DECEDENT

Unknown

14 BIRTHPLACE
OF FATHER
(State or country)

Germany

15 MAIDEN NAME
OF MOTHER
OF DECEDENT

Unknown

16 BIRTHPLACE
OF MOTHER
(State or country)

Germany

17 INFORMANT

Passport

21 PLACE OF BURIAL

Lat 51.20 N Long. 10.01 W

22 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January

15

1939

(Month)

(Day)

(Year)

19 I hereby certify that deceased was admitted to this
institution on January 11 1939, that I last
saw him alive on the 15th day of January
1939, that he died on the 15th
day of January 1939, about 10.15
o'clock A.M. or P.M.

The principal cause of death and related causes of importance were as follows:
Chronic MyocarditisDURATION
2 yrs.

Acute Bronchitis

9 days

Other contributory causes of importance:

Name of operation

Date

What test confirmed diagnosis?

Was there an autopsy?

Signature

M. D.

20 Pathologist's Report (See Over)

Signature

Commander

M. D.

DATE OF BURIAL

Jan. 18, 1939

ADDRESS

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK