

CERTIFICATE OF DEATH

1 PLACE OF DEATH: BOROUGH OF SS Manhattan CERTIFICATE NO. _____
 No. Long 00-03 2 at 49°30' Ave. Character of premises, Cabin D 26
 St. whether tenement, private, hotel, etc.

2 FULL NAME (PRINT) Jean Joseph Pardou
 First Name Middle Name Last Name

3 Residence (usual place of abode) Ave. _____
 (If nonresident, give place and State) No. 816 Metairie Rd. New Orleans LA Borough of _____

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M 5 COLOR OR RACE W 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A ~~WIFE~~ } OF Leontine Rufin Pardou
 HUSBAND }

7 DATE OF BIRTH OF DECEDENT May 11 1873
 (Month) (Day) (Year)

8 AGE OF DECEDENT 64 yrs. 10 mos. 19 da. If LESS than 1 day.....hrs. or.....min.?

9 OCCUPATION
 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dairyman
 B Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 C Date deceased last worked at this occupation (month and year)
 D Total time (years) spent in this occupation

10 BIRTHPLACE (State or country) France

11 How long in U. S. (if of foreign birth) 48 yrs 12 How long resident in City of New York

13 NAME OF FATHER OF DECEDENT Joseph Pardou

14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) France

15 MAIDEN NAME OF MOTHER OF DECEDENT Marie Castaing

16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) France

17 INFORMANT Wife

21 PLACE OF BURIAL France

22 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30 1938
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from Mar 29 1938 to Mar 30 1938
 I last saw him alive on Mar 30 1938; death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Duration ?

Other contributory causes of importance:

Name of operation None

Date

What test confirmed diagnosis?

Was there an autopsy? No

Signature Frank Stewart, M. D.

Address S/S Manhattan

DATE OF BURIAL

ADDRESS

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

BORO-DEATH

INSTITUTION

BORO RESID

AREA-DIST

OCCUPATION

NATIV. DEC.

NATIV. MOTHER

CAUSE 1

CAUSE 2

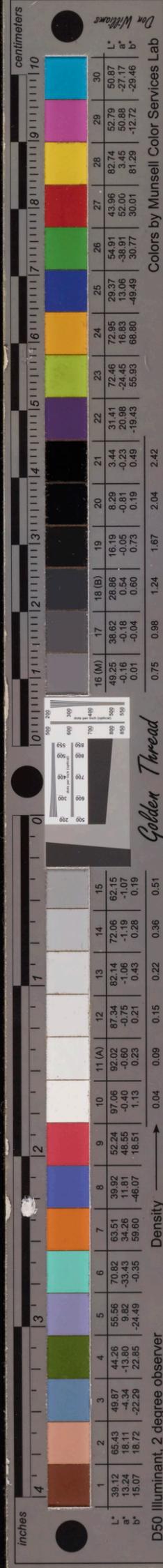
OPERATION

TYPE ACCID.

O. T. ACCID.

ATT.-AUTOP.

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.



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."

FUNERAL DIRECTOR'S CERTIFICATE

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

by..... of.....

who is the..... and the nearest surviving relative or next of kin of the deceased.

(Relationship)

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature)..... Business Address..... Permit No.....

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..... State License No.....

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, bubonic plague, acute anterior poliomyelitis (infantile paralysis), scarlet fever (Scarlatina) and smallpox (variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

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, provided the application is made by a licensed undertaker who has in his possession at the time of telephoning, the following documents: (a) the certificate of death and (b) the physician's supplementary certification.

PHYSICIAN'S SUPPLEMENTARY CERTIFICATION

(Required in Connection with Telephone Application for Removal Permit.)

DEATHS THAT ARE EVEN REMOTELY ASSOCIATED WITH AN EARLIER ACCIDENT, MUST BE REFERRED TO THE MEDICAL EXAMINER.

If death has not been contributed to or caused by homicide, suicide, accident, acute or chronic poisoning, abortion, puerperal sepsis, or any suspicion of those conditions, and the funeral director desires to obtain removal permission by telephone, the physician will execute the following certification:—

I hereby certify that the death of..... (Print Name of Decedent)

who died on..... (Date of Death), at..... (Place of Death)

has not been contributed to or caused by any of the conditions mentioned in the above list.

..... (Personal Signature of Physician), Address.....

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date..... (A.M.)
Hour..... (P.M.)

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

..... (Undertaker)

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UNITED STATES LINES PANAMA PACIFIC LINE

UNITED STATES LINES COMPANY

PIERS 58, 59, 60, 61, 62
NORTH RIVER
NEW YORK

BALTIMORE MAIL LINE
AMERICAN PIONEER LINE

April 15, 1938

See file in Death at Sea

Dr. John T. Walsh
Asst. Registrar
Board of Health
City of New York
New York.

Dear Doctor

Enclosed find a signed Death Certificate that was submitted to this office this morning upon the arrival of the S.S. Manhattan. This party died just as the ship was about to tie up in the Harbor of LeHavre.

The deceased was a French citizen, and the remains were taken ashore and left in France for burial there.

Respectfully

E. H. Gurchan M.D.
Medical Director

Jean Joseph Pardow

