

UNITED STATES LINES PANAMA PACIFIC LINE

UNITED STATES LINES COMPANY

PIER 60 NORTH RIVER, NEW YORK

OFFICE OF THE
ASSISTANT
GENERAL MANAGER

Office of Medical Director

Pier 62, NR. - Room 2

November 2, 1937

Dr. J. T. Walsh
Asst Registrar
City of New York
N.Y.C.

Dear Doctor Walsh

Enclosed find certificates of death submitted to
this office upon arrival of the ships in New York.

Respectfully

E. N. Linneman M.D.
Medical Director JOR.

EHL/o

Encl.



Paul Taglicht



CERTIFICATE OF DEATH

1 PLACE OF DEATH

BOROUGH OF S/S Manhattan, at Sea

No. Lot 40° 27' N. Long 59° 41' W Ave. St.

CERTIFICATE No. _____

Character of premises, whether tenement, private, hotel, etc. _____

2 PRINT FULL NAME Paul Taglicht
First Name Middle Name Last Name

3 Residence (usual place of abode) 344 E 81 Ave. Borough of Manhattan
(If nonresident, give place and State) No. St.

PERSONAL AND STATISTICAL PARTICULARS

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

6A WIFE } ?
HUSBAND } OF

7 DATE OF BIRTH OF DECEDENT May 5, 1880
(Month) (Day) (Year)

8 AGE OF DECEDENT 57 yrs. 5 mos. 2 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. Seaman
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Night Steward
C Date deceased last worked at this occupation (month and year) Oct 6 37 D Total time (years) spent in this occupation _____

10 BIRTHPLACE (State or country) Austria

11 How long in U. S. (if of foreign birth) 2 yrs 12 How long resident in City of New York ?

PARENTS OF DECEASED
13 NAME OF FATHER OF DECEDENT ?
14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) ?
15 MAIDEN NAME OF MOTHER OF DECEDENT ?
16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) ?

17 INFORMANT _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 7, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1937, to Oct 7, 1937

I last saw him alive on Oct 7, 1937; death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion Duration _____

Other contributory causes of importance: ?

Name of operation None Date _____

What test confirmed diagnosis?
Albert B. Randall, Master
Frank Stewart M. D.

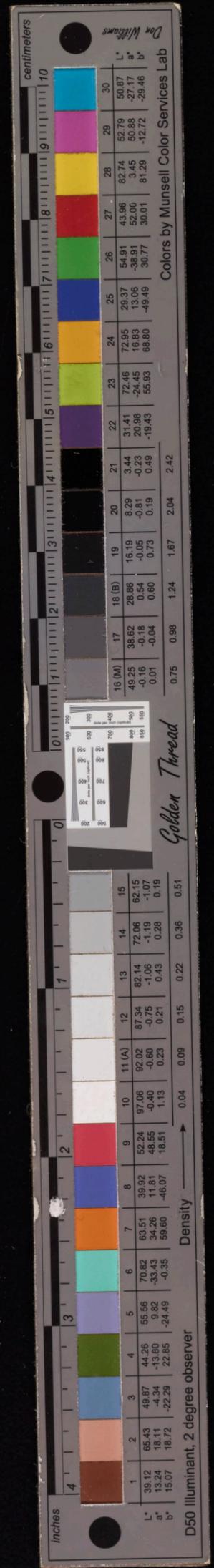
Address S/S Manhattan N.Y.C.

FILED 21 PLACE OF BURIAL BREMER HAVEN, Germany DATE OF BURIAL _____, 1937

22 UNDERTAKER ? ADDRESS _____

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

INSTITUTION
BORO RESID
AREA-DIST
OCCUPATION
NATIV. DEC.
NATIV. MOTHER
CAUSE 1
CAUSE 2
OPERATION
TYPE ACCID.
O. T. ACCID.
ATT.-AUTOP.



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,	Septicaemia,
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 by.....

(NAME AND ADDRESS)

the..... of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

for the burial or cremation of the remains of deceased.....

Signature.....

115a

