

14-H 25-2608-37-Bt
388

Lot N 39° 47'
Lot 179 W 53° 36'

CERTIFICATE OF DEATH

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.

1 PLACE OF DEATH: BOROUGH OF SS Manhattan

No. Aft. Resister Room Ave. St. Character of premises, whether tenement, private, hotel, etc.

2 FULL NAME (PRINT) Karl Rudolph Ehrsam
First Name Middle Name Last Name

3 Residence (usual place of abode) (If nonresident, give place and State) No. 1540 Palisade, Ave. Fort Lee NJ Ave. St. Borough of

CERTIFICATE NO. 938 JUL 15 AM 10 50

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

PERSONAL AND STATISTICAL PARTICULARS

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

6A WIFE } OF ✓
HUSBAND }

7 DATE OF BIRTH OF DECEDENT April 13, 1900
(Month) (Day) (Year)

8 AGE OF DECEDENT 38 yrs. 2 mos. 4 da. If LESS than 1 day _____ hrs. or _____ min.?

9 OCCUPATION
A Trade, profession, or particular kind of work done, as Electrician, sawyer, bookkeeper, etc.
B Industry or business in which work was done, as silkmill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year) June 17 1938
D Total time (years) spent in this occupation _____

10 BIRTHPLACE (State or country) Germany

11 How long in U. S. (if of foreign birth) ? 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 Certificate of Citizenship

21 PLACE OF BURIAL Germany

22 UNDERTAKER _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17, 1938
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from Was not Attended to _____, 19____
I last saw seen alive on June 17, 1938; death is said to have occurred on the date stated above, at about 10 00 A. m.

The principal cause of death and related causes of importance were as follows: Duration
Strangulation by Hanging
Suicide

Other contributory causes of importance: _____

Name of operation _____
Date _____
What test confirmed diagnosis? _____
Was there an autopsy? _____

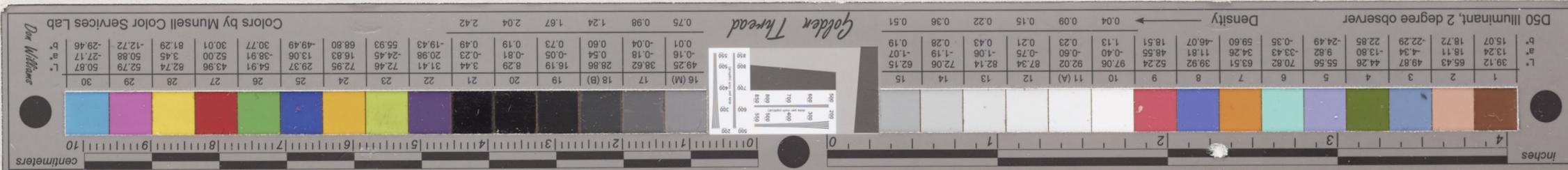
Signature Frank Stewart, M. D.
Address SS Manhattan NY City

DATE OF BURIAL _____, 19____
ADDRESS _____

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK



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....., at.....

(Date of Death)

(Place of Death)

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

..... Address.....

(Personal Signature of Physician)

TO BE FILLED IN BY THE FUNERAL DIRECTOR

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

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

(Undertaker)