



25-2609-36-Bu  
15 H 60

BORO-DEATH

INSTITUTION

BORO-RESID.

AREA-DISTRICT

SEX

COLOR

CIVIL. COND.

AGE

OCCUPATION

NATIVITY

DECEASED

MOTHER

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. T. ACCID.

ATT. AUTOP.

Lat. 40-56 N.  
Long. 63.58 W.

## CERTIFICATE OF DEATH

Certificate No. ....  
**ORIGINAL**

### 1 PLACE OF DEATH

BOROUGH OF .....

Name of Institution S.S. President Harding Address 1 Broadway, New York, U.S.A.

2 PRINT FULL NAME

FREDERICK

DUPREZ

3 Residence (usual place of abode)  
(If nonresident, give place and State)

No. 49 Nassau Rd. Barnes

Ave. London, England  
St. Borough of

### PERSONAL AND STATISTICAL PARTICULARS

4 SEX  
M

5 COLOR OR RACE  
White

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

6A WIFE  
HUSBAND } OF

Florence Duprez

7 DATE OF BIRTH  
OF DECEDENT

Sept.

6

1884

8 AGE

54 yrs.

1 mos.

21 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.

Producer

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

Theater

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

D Total time (years)  
spent in this  
occupation Life

10 BIRTHPLACE  
(State or country)

Michigan, U.S.A.

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

12 How long resi-  
dent in City  
of New York

PARENTS OF DECEASED

13 NAME OF  
FATHER  
OF DECEDENT

UNKNOWN

14 BIRTHPLACE  
OF FATHER  
(State or country)

"

15 MAIDEN NAME  
OF MOTHER  
OF DECEDENT

"

16 BIRTHPLACE  
OF MOTHER  
(State or country)

"

17 INFORMANT

Passport

21 PLACE OF BURIAL

Lat 51-06 N Long 13-20 W 12:02 AM Ship's Time

DATE OF BURIAL

November 2nd

19 38

22 UNDERTAKER

ADDRESS

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

### MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 27,

19 38

(Month)

(Day)

(Year)

19 I hereby certify that deceased was admitted to this  
institution on October 26 19 38, that I last  
saw h. im alive on the 27 day of October  
19 38 that he died on the 27 day of  
October 19 38, about 3:30 clock XXXX P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Acute alcoholism

DURATION

1 day

9 days

Other contributory causes of importance:

0

Name of operation 0

Date

What test confirmed diagnosis? 0

Was there an autopsy? 0

Signature James C. Roberts M. D.

20 Pathologist's Report (See Over)

Countersigned by commander

Signature James C. Roberts M. D.



## TO PATHOLOGISTS

To assist the Department of Health in the proper classification of this death by cause, please add to your statement of findings a note concerning any of the clinical diagnoses, which were not confirmed at autopsy.

## 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 of 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,  
Cellulitis,  
Childbirth,  
Convulsions,

Hemorrhage,  
Gangrene,  
Gastritis,  
Erysipelas,

Meningitis,  
Metritis,  
Miscarriage,  
Peritonitis,

Phlebitis,  
Pyæmia,  
Septicæmia,  
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.....

of.....who is the.....  
(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).....

Business Address.....

Permit Number (Undertaker's).....

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.....