

UNITED STATES LINES

UNITED STATES LINES COMPANY

PANAMA PACIFIC LINE
AMERICAN PIONEER LINE

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

January 25, 1940

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

Dear Sir

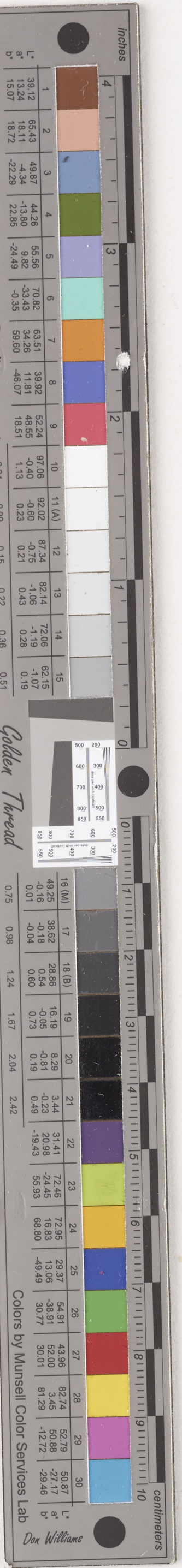
Enclosed find Death Certificate submitted to this office upon arrival of the SS Manhattan in this port on January 24, 1940.

The remains of the deceased were delivered at Genoa, Italy for transportation to Germany.

Respectfully

John O'Reilly
Office of Medical Director

BRUNO MÖLLER



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.

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

Lat — N 43° 42'
Long — E 8° 01'

CERTIFICATE OF DEATH

Certificate No.

1 PLACE OF DEATH
BOROUGH OF SS Manhattan at Sea.

Name of Institution Address

2 PRINT FULL NAME Bruno Mueller
First Name Middle Name Last Name

3 Residence (usual place of abode) No. 352 W 20th St. Ave. NYC 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 } OF Anna
HUSBAND }

7 DATE OF BIRTH Sept 24 1884
OF DECEDENT (Month) (Day) (Year)

8 AGE 55 yrs. 3 mos. 16 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. Seaman
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ship's Steward
C Date deceased last worked at this occupation (month and year) ? 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 DECEDENT
13 NAME OF FATHER OF DECEDENT ?
14 BIRTHPLACE OF FATHER (State or country) ?
15 MAIDEN NAME OF MOTHER OF DECEDENT ?
16 BIRTHPLACE OF MOTHER (State or country) ?

17 INFORMANT

21 PLACE OF BURIAL

22 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 9 1940
(Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on 19....., that I last saw him alive on the 9 day of Jan 1940, that he died on the 9 day of Jan 1940, about 1:30 o'clock A.M. or P.M.

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

Coronary Occlusion

Other contributory causes of importance:

Name of operation none Date

What test confirmed diagnosis? Was there an autopsy?

Signature Frank Stewart M. D.

20 Pathologist's Report (See Over)

Signature M. D.

DATE OF BURIAL 19.....

ADDRESS

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

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,
Septicaemia,
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*, *Compositor*, *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.....

78a