

# 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

January 25, 1938

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

Dear Sir

Enclosed find Death Certificate submitted at this office of  
Medical Director by Surgeon of S.S. Manhattan upon that vessels arri  
val in this port this morning.

The remains of the deceased were buried at sea position  
as noted upon certificate.

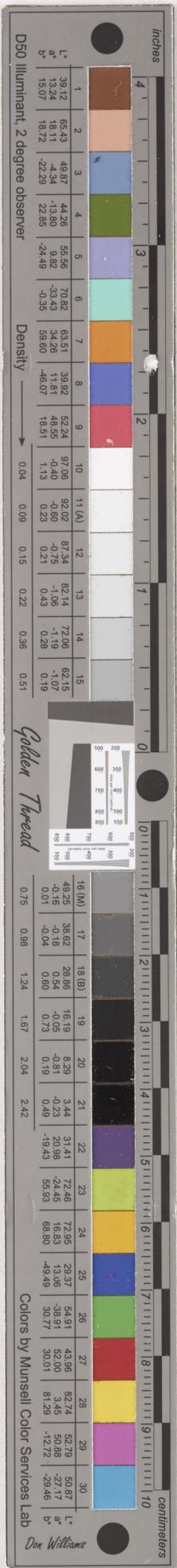
Trusting this meets with your requirements, I remain

Respectfully

*E. H. Linneman M.D.*  
Medical Director

EHL/o

*Christianna LeMaire*



D50 Illuminant, 2 degree observer

L*	39.12	65.43	49.87	44.26	55.56	70.82	63.51	39.92	52.24	97.06	92.02	87.34	82.14	72.06	62.15	49.25	38.62	28.86	16.19	8.29	3.44	31.41	72.46	72.95	29.37	54.91	43.96	82.74	52.79	50.87
a*	13.24	18.11	-4.34	-13.80	9.82	-33.43	34.26	11.81	48.55	-0.40	-0.60	-0.75	-1.06	-1.19	-1.07	-0.16	-0.18	0.54	-0.05	0.21	0.23	20.98	24.45	16.83	13.06	-38.91	52.00	3.45	50.88	27.17
b*	15.07	18.72	-22.29	22.85	-24.49	-0.35	59.60	-46.07	18.51	1.13	0.23	0.21	0.43	0.28	0.19	0.01	-0.04	0.80	0.73	0.19	0.49	-19.43	55.93	88.80	-49.49	30.77	30.01	81.29	-12.72	-29.46

Density

0.04	0.09	0.15	0.22	0.36	0.51
------	------	------	------	------	------

Golden Thread

16(M)	17	18(B)	19	20	21	22	23	24	25	26	27	28	29	30
-------	----	-------	----	----	----	----	----	----	----	----	----	----	----	----

Colors by Munsell Color Services Lab

Don Williams

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

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

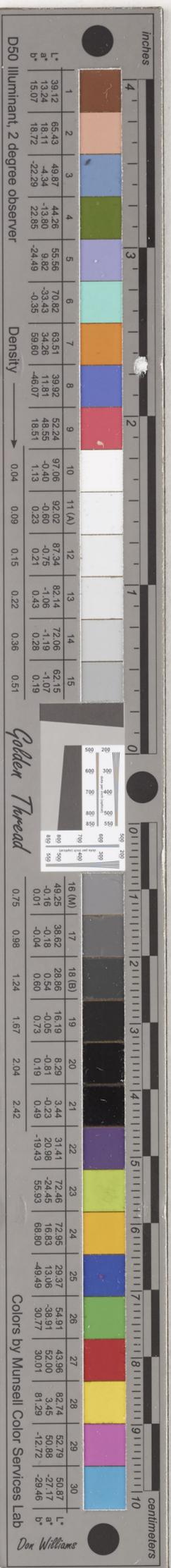
### TO BE FILLED IN BY THE FUNERAL DIRECTOR

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

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

..... (Undertaker)

G2a



14-H 25-2608-37-Bt

388

BORO-DEATH

INSTITUTION

BORO RESID

AREA-DIST

OCCUPATION

NATIV. DEC.

NATIV. MOTHER

CAUSE 1

CAUSE 2

OPERATION

ACCID.

O. T. ACCID.

ATT.-AUTOP.

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

# CERTIFICATE OF DEATH

1 PLACE OF DEATH: BOROUGH OF s/s Manhattan Cabin D 47 CERTIFICATE NO. \_\_\_\_\_

No. Lat 50° 03' N. Long 24° 24' W Ave. LeMaire Character of premises, whether tenement, private, hotel, etc. \_\_\_\_\_

2 FULL NAME (PRINT) Christianna First Name Middle Name Last Name

3 Residence (usual place of abode) No. Ellis Island (East) Ave. \_\_\_\_\_ St. Borough of \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX F 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 Oct 28, 1937  
(Month) (Day) (Year)

8 AGE OF DECEDENT \_\_\_\_\_ yrs. 2 mos. 12 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. Infant  
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) New York

11 How long in U. S. (if of foreign birth) \_\_\_\_\_ 12 How long resident in City of New York 2 mo 7 days

PARENTS OF DECEDENT

13 NAME OF FATHER OF DECEDENT Out of Wedlock

14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) \_\_\_\_\_

15 MAIDEN NAME OF MOTHER OF DECEDENT Marie-Louise Kellermann

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

17 INFORMANT Mother

21 PLACE OF BURIAL Lat 50° 51' N. Long 17° 58' W DATE OF BURIAL Jan 9, 1938

22 UNDERTAKER \_\_\_\_\_ ADDRESS At Sea

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 9, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from Not attended, 19\_\_\_\_, to\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 3:15 PM.

The principal cause of death and related causes of importance were as follows: Congenital Malformation of Heart. Defective Ventricular Septum. Duration Since Birth

Other contributory causes of importance: None

Name of operation None

Date \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? Yes

Signature Frank Stewart, M. D. Address 55 Manhattan