

1 PLACE OF DEATH

STATE OF NEW YORK

25-2609-21-B, Form 15 H

BOROUGH OF

at sea

Department of Health of T^{he} City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution

Steamer Rochambeau

Register No.

2 FULL NAME

(Consey) Walter

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
or DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

54

yrs.

mos.

ds.

or

min.

8 OCCUPATION

(a) Trade, profession or
particular kind of work

President of Morris

(b) General nature of industry,
business or establishment in
which employed (or employer)

Play

9 BIRTHPLACE

(State or country)

Flint Michigan

(A) How long in
U. S. (if of for-
eign birth)(B) How long resi-
dent in City
of New York10 NAME OF
FATHER

Frank (Consey)

11 BIRTHPLACE
OF FATHER
(State or country)

Michigan

12 MAIDEN NAME
OF MOTHER

Ann Kirby

13 BIRTHPLACE
OF MOTHER
(State or country)

Michigan

14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence

Toledo Ohio

Where was disease contracted, if not at place of death?

15 DATE OF DEATH

April

2

(Month)

(Day)

1925

(Year)

16 I hereby certify that the foregoing partic-
ulars (Nos. 1 to 15 inclusive) are correct as near
as the same can be ascertained, and I further certify
that deceased was admitted to this institution on
2 April 1925, that I last
saw him alive on the 2 day of April
1925, that he died on the 2nd day of
April 1925, about 7:45 o'clock A.
M. or P. M., and that I am unable to state definitely
the cause of death; the diagnosis during h
last illness was:

Heart disease

aortic valvular

duration yrs. mos. ds.

Contributory (Secondary) Edema acute of lungs

duration yrs. mos. ds.

Witness my hand this 22 day of April 1925

Signature J. J. F. M.D.

House 11 Rochambeau

17 I hereby certify that I have this day of
19, performed an autopsy
upon the body of said deceased, and that the cause of
h death was as follows:

Signature M. D.

Pathologist Hospital

18 PLACE OF BURIAL

Toledo Ohio

DATE OF BURIAL

April 4, 1925

19 UNDERTAKER

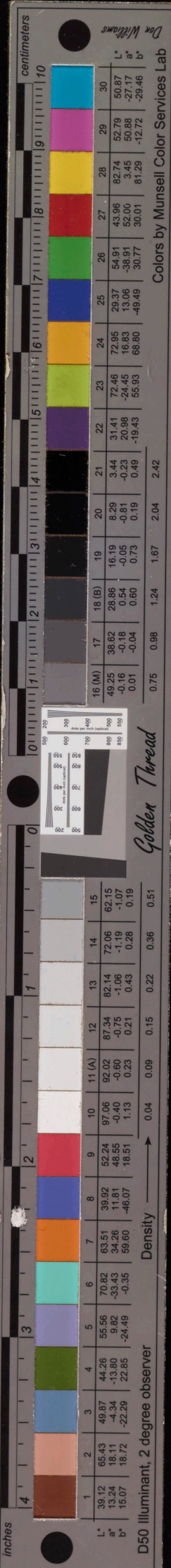
Laurichild Sons Inc #665 #3734

ADDRESS

86 Leffert St

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED



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, | Septicæmia, |
| 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, 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 as undertaker by

Mr. Grace M. Tousey
(NAME)

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

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Signature

Walter C. Tousey
Fairchild Sons Inc
Clarence W. Ly

126

