



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

BORO-DEATH
INSTITUTION
BORO RESID.
AREA-DIST.
OCCUPATION
NATIV. DEC.
NATIV. MOTHER
CAUSE 1
CAUSE 2
OPERATION
TYPE ACCID.
O. T. ACCID.
ATT.-AUTOP.
CEM.

BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN

# Certificate of Death

Certificate No. ....

1940 DEC 13 AM 9 54

1 NAME OF DECEASED Gustav Thunberg  
(Print) First Name Middle Name Last Name Social Security No.

## PERSONAL AND STATISTICAL PARTICULARS

(May be filled in by Funeral Director)

2 USUAL RESIDENCE:  
(If non-resident, give place and state) Borough Bronx  
No. 936 Stebbins Avenue Ave. St.

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

4 ~~WIFE~~ HUSBAND of Annie Thunberg

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) 1889

6 AGE 51 yrs. mos. days If LESS than 1 day, hrs. or min.

7 OCCUPATION A Trade, profession, or particular kind of work, as Ch. Refrg. Engineer  
B Industry or business in which work was done, as Merchant Marine

8 BIRTHPLACE (State or country) Sweden

9 How long in U. S. (if of foreign birth) 9A How long resident in City of New York

10 IF DECEASED WAS VETERAN, NAME WAR

11 NAME OF FATHER OF DECEDENT

12 BIRTHPLACE OF FATHER (State or country)

13 MAIDEN NAME OF MOTHER OF DECEDENT

14 BIRTHPLACE OF MOTHER (State or country)

15 SIGNATURE OF INFORMANT

RELATIONSHIP TO DECEASED

ADDRESS

23 PLACE OF BURIAL At Sea Lat. 22°32' N. Long. 74°25' W.

24 FUNERAL DIRECTOR ADDRESS

## MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

16 PLACE OF DEATH: Borough..... Ave. St.  
No.....

If in hospital or other institution, give: (a) above, name instead of street and number, and (b) length of stay

17 If elsewhere than in hospital or own residence, specify character of place of death At Sea Latitude 32°20' North Longitude 74°05' West

18 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) November - 24th, 1940 12:20 A.M.

19 SEX Male 20 Color or Race White (Scandinavian) 21 Approximate Age 51

22 I HEREBY CERTIFY that I attended the deceased from November 22, 1940 to November 24, 1940.

that I last saw him alive on November 23, 1940, and that the facts stated in Items 16 to 21 are correct.

I further certify that death did NOT occur as the result of accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

I further certify that death ~~was~~ was not\* due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.

\*Cross out words that do not apply.

Witness my hand this 10<sup>th</sup> day of December 1940

Signature W.B. Keating M. D.

Address 55 Cristobal Avenue A.P. #24 State St.

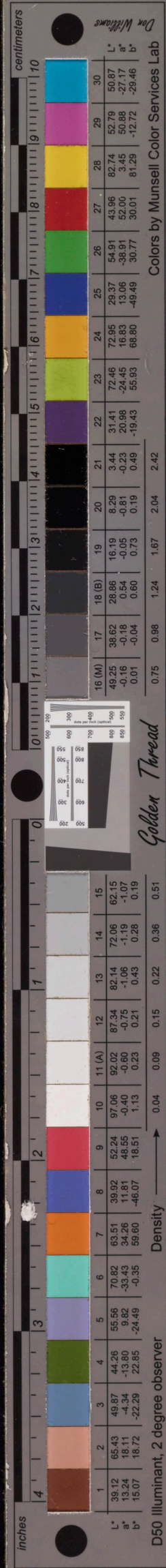
DATE OF BURIAL November 25, 1940 12:34 P.M.

PERMIT NUMBER

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK





## TO FUNERAL DIRECTORS

This certificate must be accompanied by an envelope, sealed by the physician, containing the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Tampering with the envelope containing the Confidential Medical Report, or delivery of that envelope to any one other than an official of the Bureau of Records of the Department of Health, designated to receive such reports, will result in the revocation of a Funeral Director's permit to do business in the City of New York.

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

*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."

**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 Funeral Director who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is **not** necessary for the Funeral Director to obtain the supplementary certification—Form 113-H.

### FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, 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.

Name of permittee.....Permit No.....

By.....  
(Signature of licensed manager or funeral director if other than permittee.)

#### To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

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

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

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.





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BOROUGH OF MANHATTAN

Certificate No. ....

PHYSICIAN'S CONFIDENTIAL MEDICAL REPORT

(To be delivered in sealed envelope to Funeral Director for  
transmittal to the Health Department)

To the Commissioner of Health of the City of New York,

I am submitting herewith a confidential report of the cause of death of  
**Gustav Thunberg**

(Full name of deceased—Print)

who died at **Sea - Lat. 32° 20' N. Long. 74° 05' W.**

(Street address or name of Hospital)

Month

Day Year

Borough of

, on **November 24, 1940**

This report is based on: ~~(autopsy)~~ ~~(operation)~~ ~~(laboratory tests)~~ (clinical findings) (Cross out terms which do not apply)

Principal cause..... **Mitral Regurgitation**

DATE OF  
ONSET

Contributory causes..... **Acute Nephritis**

Other pathological conditions.....

**Old right Inguinal  
Hernia**

Autopsy—Date of..... **None**

(If none, so state)

Operation—Date of..... **None**

(If none, so state)

Type.....

Condition for which performed.....

Laboratory tests that assisted diagnosis, if any.....

Signature.....

**Surgeon, SS "CRISTOBAL", Panama R.R. Co.**

Address..... **24 State Street, New York, N.Y.**

Position\*—~~(Attending physician)~~ (Surgeon)

~~(Superintendent)~~ ~~(Chief of Medical Service)~~

~~(Resident physician)~~ ~~(Intern)~~

\*Cross out words which do not apply.

BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK

