

BORO-DEATH
INSTITUTION
BORO-RESID.
AREA-DISTRICT
SEX
COLOR
CIVIL. COND.
AGE
OCCUPATION
NATIVITY
CAUSE 1
CAUSE 2
OPERATION
TYPE ACCID.
O. T. ACCID.
ATT. AUTOP.

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

Certificate of Death

Certificate No. _____

1. NAME OF DECEASED (Print) ABRAHAM OSBORN
First Name Middle Name Last NamePERSONAL AND STATISTICAL PARTICULARS
(May be filled in by Funeral Director)2 USUAL RESIDENCE: Borough AT SEA.
No. L.A.T. - 40.12 N Ave. 71.19 W. St.
(If non-resident, give place and state)3 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) MARRIED4 WIFE }
HUSBAND } of _____5 DATE OF BIRTH (Month) (Day) (Year)
OF DECEDENT AUGUST 8, 18846 AGE 54 yrs. 5 mos. 24 das. If LESS than 1 day,
hrs. or min. ?7 OCCUPATION
A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. NIGHT WATCHMAN
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. STEAMSHIP
C Date deceased last worked at this occupation (month and year) MAY 1939. D Total time (years) spent in this occupation 2 1/2 YRS8 BIRTHPLACE (State or country) OAK BLUFFS, MASS.

9 How long in U. S. (if of foreign birth) 10 How long resident in City of New York

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 NAME OF INFORMANT

ADDRESS RELATION

23 PLACE OF BURIAL OR CREMATION AT SEA.

24 FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the physician)16 PLACE OF DEATH: Borough _____ Ave. _____
No. AT SEA. St. _____17 CHARACTER OF PREMISES, WHETHER TENEMENT, PRIVATE, HOTEL, ETC., S.S. PRES. ROOSEVELT
(If institution, give name)18 DATE OF (Month) (Day) (Year)
DEATH MAY 24, 19 39.19 SEX MALE 20 COLOR OR RACE WHITE 21 APPARENT AGE 5522 I HEREBY CERTIFY that I attended the deceased from
MAY 24, 19 39. to MAY 24, 19 39.that I last saw him alive on MAY 24, 19 39.and that death occurred on the date stated above at 9:30 P.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, 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 that accompanies this certificate.

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.

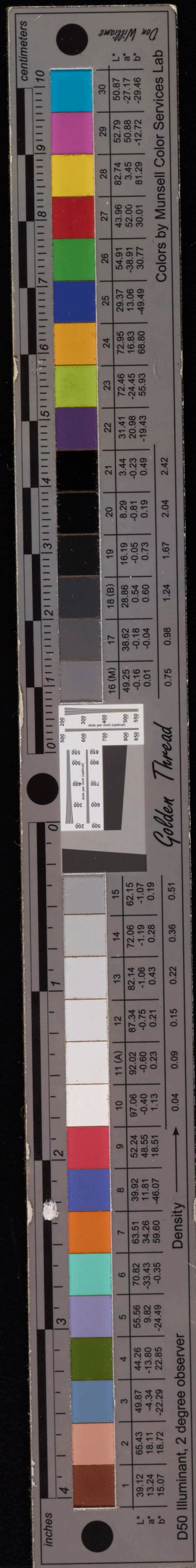
(*) Cross out words that do not apply.

Witness my hand this 24 day of MAY 19 39Signature Charles B. Walker M. D.Address PIER 62 N.R. NEW YORK, N.Y.DATE OF BURIAL OR CREMATION MAY 27, 1939.

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK



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."

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.

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 the certificate of death in his possession at the time of telephoning.

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.....

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.

(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.....

To Be Filled In by the Undertaker When Obtaining Removal Permit by Telephone

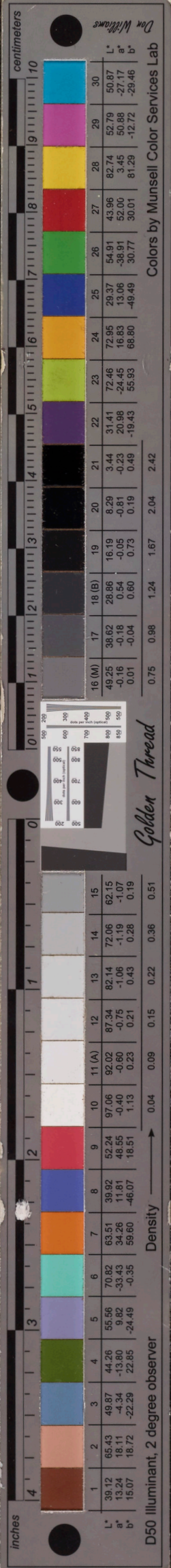
Telephone Removal No..... granted by.....

(Burial Clerk)

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

(Undertaker)

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



17H-1938

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

Abraham Osborn

(Full name of deceased—Print)

who died at Aboard S.S. President Roosevelt

At Sea LAT. 40.12 N (Street address or name of Hospital)

Borough of Long. 71.19 W. on May 24 1939

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

Principal cause

Myocarditis

DATE OF
ONSET

5-24-39

Contributory causes None

Other pathological conditions

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

None

Signature

Charles B. Halperin

M. D.

Address

Pier 62 N.R. New York, N.Y.

Position*—(Pathologist) (Surgeon) (Attending physician)

(Superintendent) (Chief of Medical Service)

(Resident physician) (Interne)

*Cross out words which do not apply.

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