

17H-1938
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.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

Certificate of Death

Certificate No. 434

1939 APR 15 PM 12 20

1. NAME OF DECEASED (Print) SIMON VOLLMER
First Name Middle Name Last NamePERSONAL AND STATISTICAL PARTICULARS
(May be filled in by Funeral Director)2 USUAL RESIDENCE: XXXX Manheim
No. Germany Ave. St.
(If non-resident, give place and state)3 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Married4 WIFE } of Fanny
HUSBAND5 DATE OF BIRTH (Month) (Day) (Year)
OF DECEDENT March 5, 18756 AGE 64 1 mos. 1 yrs. 1 mos. 1 das. 1 hrs. or 1 min.?
If LESS than 1 day,7 OCCUPATION A Trade, profession, or particular
kind of work, as spinner,
sawyer, bookkeeper, etc. RetiredB 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
occupation8 BIRTHPLACE
(State or country) Germany9 How long in
U. S. (if of for-
eign birth) Non Res10 How long resi-
dent in City
of New York Non Res.11 NAME OF
FATHER
OF DECEDENT Issac Vollmer12 BIRTHPLACE
OF FATHER
(State or country) Germany13 MAIDEN NAME
OF MOTHER
OF DECEDENT Henreitta Wolf14 BIRTHPLACE
OF MOTHER
(State or country) Germany15 NAME OF
INFORMANT Ruel VollmerADDRESS 3424 Indiana Av
Fort Wayne Ind. RELATION Son23 PLACE OF BURIAL
OR CREMATION Rural Cemetery24 FUNERAL
DIRECTOR Universal Funeral
Chapel Inc.ADDRESS 597 Lexington Av.PERMIT
NUMBER 2177

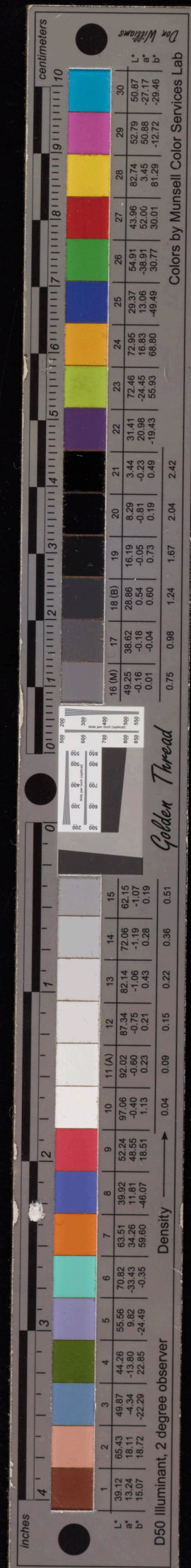
BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the physician)16 PLACE OF DEATH: XXXXX At Sea
No. LONG 29° 04' N; 48° 45' N Ave. St.17 CHARACTER OF PREMISES,
WHETHER TENEMENT, PRIVATE,
HOTEL, ETC. S/S Washington
(If institution, give name)18 DATE OF (Month) (Day) (Year)
DEATH April 9, 193919 SEX Male 20 COLOR OR RACE White 21 APPARENT AGE 6422 I HEREBY CERTIFY that I attended the deceased from
April 6 1939 to April 9 1939;
that I last saw him alive on April 9 1939,
and that death occurred on the date stated above at 10:18 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 con-
fidential medical report that accompanies this certificate.I further certify that death ~~was~~ was not* due to a commu-
nicable 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 10th day of April 1939Signature John S. Matt M.D. M. D.Address 60 U.S. one Broadway
N.Y.C.DATE OF BURIAL
OR CREMATION April 17 1939

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.

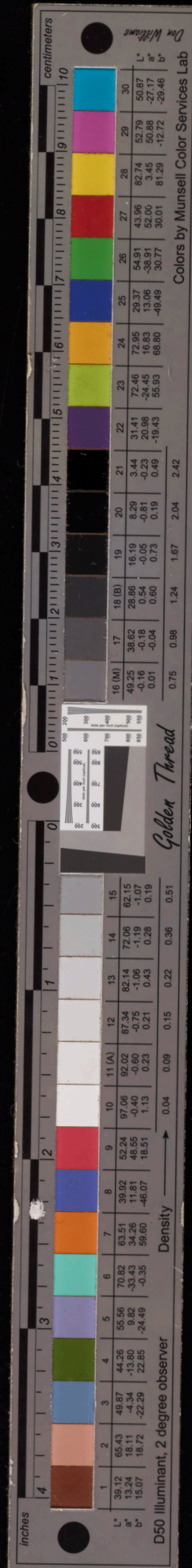
FUNERAL DIRECTOR'S CERTIFICATE

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 Simon Vollmer
by Fanny Vollmer of 3423 Indiana Av. Fort Wayne Ind.
who is the Wife 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) Universal Funeral Chapel Business Address 597 Lexington Av Permit No. 2177
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. 17 granted by Joe (Burial Clerk)
Date 4/15/39 Hour 11:30 (A.M.) Universal Funeral Chapel
(P.M.) Fred Krenschke (Undertaker)

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



PHYSICIAN'S CONFIDENTIAL MEDICAL REPORT

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

1939 APR 15 PM 12 20
To the Commissioner of Health of the City of New York,

I am submitting herewith a confidential report of the cause of death of

SIMON VOLLMEIER

(Full name of deceased—Print)

who died at Sea LAT 48° 45' N, LONG. 29° 04' W
(Street address or name of Hospital)

Month

Day

Year

Borough of S.S. Washington on April 9 1939

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

DATE OF
ONSET

Principal cause Generalized arterio-
sclerosis; chronic
Chronic diffuse glomerulo-nephritis 8 mo.

Contributory causes
myocardial failure 1 da.

Other pathological conditions.

Autopsy—Date of none
(If none, so state)

Operation—Date of none Type
(If none, so state)

Condition for which performed.

Laboratory tests that assisted diagnosis, if any.

urinalysis

Signature John S. Matt M. D.

Address c/o U.S. Lines, One Broadway

Position*—~~(Pathologist)~~ ~~(Surgeon)~~ ~~(Attending physician)~~
~~(Superintendent)~~ ~~(Chief of Medical Service)~~
~~(Resident physician)~~ ~~(Intern)~~

*Cross out words which do not apply.

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