

1 PLACE OF DEATH

STATE OF NEW YORK

BOROUGH OF Brooklyn

Department of Health of The City of New York  
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 1703 East New York Ave. St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. private

Registered No. 15881

2 FULL NAME Anna Wollman

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

15 DATE OF DEATH 8 18 1925  
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 56 yrs. mos. ds. or min. ? If LESS than 1 day, hrs. min. ?

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from April 1925 to August 1925, that I last saw her alive on the 18 day of August 1925, that death occurred on the date stated above at 11:30 P.M., and that the cause of death was as follows:

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer) Housewife

Debate, Mellitus  
Bronchopneumonia

9 BIRTHPLACE (State or country) Russia

(A) How long in U. S. (if of foreign birth) 48 yrs. (B) How long resident in City of New York 45 yrs.

duration 5 yrs. mos. ds.

MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED

10 NAME OF FATHER Samuel Stein  
11 BIRTHPLACE OF FATHER (State or country) Russia  
12 MAIDEN NAME OF MOTHER Bella Nadw Stein  
13 BIRTHPLACE OF MOTHER (State or country) Russia

Contributory (Secondary) Chronic Bronchitis  
Chronic Nephritis  
duration 3 yrs. mos. ds.

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Witness my hand this 18 day of Aug 1925

Former or Usual Residence

Signature S. F. Livingston M. D.

Address 1702 Queen's Road Brooklyn

FILED  
AUG 18 1925

17 PLACE OF BURIAL Mt. Carmel C.

DATE OF BURIAL Aug 19 1925

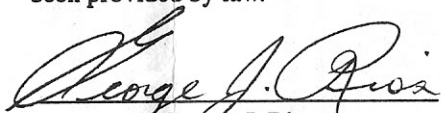
18 UNDERTAKER W. Herman

ADDRESS 1051 127 Varot St

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
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31 Chambers Street  
New York, NY 10007

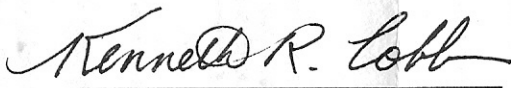
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In issuing this transcript of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



George J. Rios

George J. Rios  
Commissioner, D.O.R.I.S.



Kenneth R. Cobb

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Director, Municipal Archives