

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Bronx

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No.

426 Clinton Ave

St.

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

Registered No.

7734

2 FULL NAME

Brocha Jacobson

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)*Widow*

15 DATE OF DEATH

*Oct.**9.**1928*

(Month)

(Day)

(Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

83

yrs. mos. ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work*None*(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Russia(A) How long in
U. S. (if of for-
eign birth)*14 years*(B) How long resi-
dent in City
of New York*14 years*

PARENTS OF DECEASED

10 NAME OF
FATHER*Leib Rabinowitz*11 BIRTHPLACE
OF FATHER
(State or country)*Russia*12 MAIDEN NAME
OF MOTHER*Rebecca Paritzky*13 BIRTHPLACE
OF MOTHER
(State or country)*Russia*14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual Residence

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 1928*
to *Oct 9 1928*, that I last saw *her*
alive on the *8* day of *Oct 1928*,
that death occurred on the date stated above at *1:30 AM.*,
and that the cause of death was as follows:

*Myocarditis*duration *10* yrs. mos. ds.Contributory
(Secondary)*Arteriosclerosis*

duration ____ yrs. mos. ds.

Witness my hand this ____ day of ____ 192__

Signature

Morris Jaffe

M. D.

Address

1455 Fulton Ave

FILED

OCT 9 1928

17 PLACE OF BURIAL

Reverend Cem.

18 UNDERTAKER

*Joseph Schwartz
David Schwartz
#1059*

DATE OF BURIAL

Oct 9 1928

ADDRESS

*1017 Washington A*MARGIN RESERVED FOR BINDING
NO MULTICOLored CERTIFICATE WILL BE RECEIVED

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, Composer, 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

Herman Jacobsen
(NAME)

the *son* of deceased. This statement is made to obtain a permit
(RELATIONSHIP)

for the burial or cremation of the remains of deceased

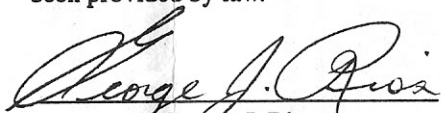
Brocha Jacobsen
David Schwartz
Signature

MARGIN RESERVED FOR BINDING
NO MUTILATION

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

This exact copy of a _____ certificate should not be accepted unless the raised seal of the Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

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

Kenneth R. Cobb
Director, Municipal Archives