

1 PLACE OF DEATH

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

BOROUGH OF Brooklyn

No. 75 Powell St.

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

Registered No. 22611

2 FULL NAME Morris Annenberg

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

15 DATE OF DEATH Nov 2, 1931
(Month) (Day) (Year)

6 DATE OF BIRTH _____, 1 _____
(Month) (Day) (Year)

7 AGE 66 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Russia

9 (A) How long in U. S. (if of foreign birth) 46 yrs (B) How long resident in City of New York 46 yrs

10 NAME OF FATHER Bernard Annenberg

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Becker

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 Special INFORMATION required in deaths in hospitals and institutions 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 Sept 5, 1931 to Nov 2, 1931, that I last saw him alive on the 2 day of Nov, 1931, that death occurred on the date stated above at 7 P M., and that the cause of death was as follows:

Diabetes Mellitus

duration _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

duration _____ yrs. _____ mos. _____ ds.

Witness my hand this 3rd day of Nov, 1931

Signature J. Burgin M. Ellen M. D.

Address 240 Crown St.

FILED

NOV 3 1931 919

17 PLACE OF BURIAL Met. Carmel Cen.

DATE OF BURIAL Nov. 3rd 1931

NO MUTILATED 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, ch. 284, & 2. In effect Jan. 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,	Haemorrhage,	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.

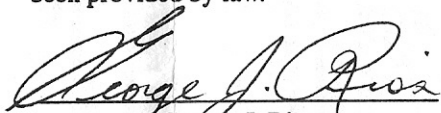
I hereby certify that I have been employed as undertaker by Fannie Lawrence
(NAME)
 the wife of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
 for the burial or cremation of the remains of deceased James Lawrence

Signature Flattush Memorial Chapel
Joseph Sherman

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

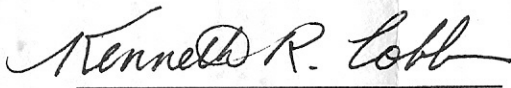
This exact copy of a _____ certificate should not be accepted unless the raised seal of the Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

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

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Director, Municipal Archives