AA 6815 -1931

Form 15 H 25-2609-31-B

1 PLACE OF DEATH

BOROUGH OF Bronx

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH 5591

Name of Institution Bronx wood Sanatorium Register No.

2 FULL NAME Helen Jacobson

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Married

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

7 AGE 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) .....
(c) No. of years so occupied .....

9 BIRTHPLACE (State or country) Russia

(A) How long in U. S. if of foreign birth) 44 yrs. (B) How long resident in City of New York 44 years

PARENTS OF DECEASED

10 NAME OF FATHER Leeyer Newman

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Helen Cohen

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 587 Creighton St Brooklyn N.Y.

Where was disease contracted, if not at place of death?

15 DATE OF DEATH June 24th, 1931 (Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on June 23rd, 1931, that I last saw her alive on the 24th day of June 1931, that she died on the 24th day of June 1931, about 6 30 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was: General Arterio - sclerosis. Cerebral Arterio - sclerosis.

..... duration ..... yrs. ..... mos. ..... ds.
Contributory Broncho - Pneumonia
(Secondary) duration ..... yrs. ..... mos. 2 ds.

Witness my hand this 24 day of June 1931
Signature Bel Nelson M.D
House Physician

17 I hereby certify that I have this ..... day of ....., 19....., performed an autopsy upon the body of said deceased, and that the cause of h..... death was as follows:

Signature ..... M. D.

Pathologist ..... Hospital

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

FILED

18 PLACE OF BURIAL Mt. Carmel Cem.

DATE OF BURIAL June 26, 1931

19 UNDERTAKER Musikoff & Sons

ADDRESS 1406 Pitkin Ave

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
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
Commissioner, D.O.R.I.S.

Kenneth R. Cobb
Director, Municipal Archives