

NOA 45334 -1934

Form 15 11 25 2609-34-BA

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

STANDARD CERTIFICATE OF DEATH

Register No. 5629

1 PLACE OF DEATH

BOROUGH OF Brooklyn
Name of Institution Kings County Hospital
Address of Institution 451 Clarkson Ave

PRINT FULL NAME Leah Lischitz

2 SEX Female 3 COLOR OR RACE White 4 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

5 DATE OF DEATH

March 6th 19 36
(Month) (Day) (Year)

6A WIFE OF Isaac

6 DATE OF BIRTH OF DECEDENT 1864
(Month) (Day) (Year)

7 AGE 72 yrs. 72 mos. 72 ds.
If LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (State or country) Austria

(a) How long in U.S. (or of foreign birth) 15 yrs (b) How long resident in City of New York 15 yrs

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 March 1st 19 36, that I last saw h... or alive on the 6th day of March 19 36, that she died on the 6th day of March 19 36, about 12-10 o'clock A. M. or P.M., and that I am unable to state definitely the cause of death; the diagnosis during h... of the illness was:

Arterio-sclerotic Heart Disease
duration yrs. mos. ds.

Contributory (Secondary) duration yrs. mos. ds.

Operation? State kind
Witness my hand this 6th day of Mar 19 36
Signature George M. D.
House Dep. Med. Supt.

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

NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED

10 NAME OF FATHER OF DECEDENT Samuel Leichen

11 BIRTHPLACE OF FATHER (State or country) Austria

12 MAIDEN NAME OF MOTHER OF DECEDENT Ethal Reiff

13 BIRTHPLACE OF MOTHER (State or country) Austria

14 Special INTERMENT desired in crypts in hospitals and institutions and in crypts of apartments and recent residences.

Usual residence 125 South 3rd St Brooklyn

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

FILED

15 PLACE OF BURIAL

Beth David C.M.

DATE OF BURIAL

Mar 6 19 36

MAR 6 - 1936

16 UNDERTAKER Michael Schmitt

ADDRESS

33-2 Ave

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 30 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,	Congrua,	Monitis,	Pyæmia,
Cholera,	Gastritis,	Misconriage,	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," "Dropy," 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. An 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, without any solicitation on my part or that of any other person, as undertaker herein by _____

of 125 30th St. who is the husband _____
(Relationship)

and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased. J. B. S. L. H. & S. G. L. N. I. T. L.

(Signature) Michael Blum

Business Address 33-2nd

Permit Number (Undertaker's) 2779

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 and State License number.

.....State License No.