

A

119364

14-11 25-2695-31-B.P.

1 PLACE OF DEATH

BOROUGH OF

Brooklyn

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

No.

22 Clara Street

St.

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

Tenement

Registered No.

15731

2 FULL NAME

Edalia Thorne

3 SEX

Male

4 COLOR OR RACE

White

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

15 DATE OF DEATH

July 28, 1932
(Month) (Day) (Year)

5A. WIFE OF HUSBAND

Gertrude Thorne/deceased

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 July 25, 1932 to July 28, 1932, that I last saw her alive on the 28 day of July, 1932 that death occurred on the date stated above at 3 P.M., and that the cause of death was as follows:

6 DATE OF BIRTH

1 874
(Month) (Day) (Year)

7 AGE

78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

Chronic myocarditis

8 OCCUPATION

(a) Trade, profession, or particular kind of work
Packer
(b) General nature of industry, business or establishment in which employed (or employer)
Paper Box factory

9 BIRTHPLACE (State or country)

Poland

(A) How long in U. S. (if of foreign birth)

29 yr.

(B) How long resident in City of New York

24 yr.

duration 3 yrs. mos. ds.

10 NAME OF FATHER

Louis Thorne

Contributory (Secondary) Generalized arterio-sclerosis

11 BIRTHPLACE OF FATHER (State or country)

Poland

12 MAIDEN NAME OF MOTHER

Anna Toronchik

duration 8 yrs. mos. ds.

13 BIRTHPLACE OF MOTHER (State or country)

Poland

Witness my hand this 28 day of July 1932

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

Signature David Bergstein M.D.

Usual Residence

Address 160 Dalziel Rd Bklyn

FILED

JUL 29 1932

17 PLACE OF BURIAL

Beth David Cem.

DATE OF BURIAL

July 29, 1932

18 UNDERTAKER ADDRESS

BRIDGE FUNERAL Edward Muger 141 Mancy Ave

#2379

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

31
97

102826
115
11/10/22

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 Haris Thomer 22 Clara

the Son of deceased. This statement is made to obtain a permit

for the burial or cremation of the remains of deceased Gedalia Thomer

Signature Edward Muger

BRIDGE FUNERAL PARLOR