

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No.

229 Dover

St.

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

private residence

Registered No.

33838

2 FULL NAME

Benjamin S. Lissner

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

15 DATE OF DEATH

Jan

4

1933

5A. WIFE
HUSBAND } OF

Anna Lissner

6 DATE OF BIRTH

Dec

30

1882

(Month)

(Day)

(Year)

7 AGE

50

yrs.

mos.

5

ds.

If LESS than

1 day,.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Salesman

(b) General nature of industry,
business or establishment in
which employed (or employer)

Woolen

9 BIRTHPLACE

(State or country)

U.S.

(9) How long in
(A) U. S. (if of for-
eign birth)(9) How long resi-
dent in City
of New York

50 yrs.

PARENTS OF DECEASED

10 NAME OF
FATHER

James Lissner

11 BIRTHPLACE
OF FATHER
(State or country)

U.S.

12 MAIDEN NAME
OF MOTHER

Florence Solomon

13 BIRTHPLACE
OF MOTHER
(State or country)

U.S.

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

Usual Residence. 229 Dover St

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 Jan 3 1933
to Jan 4 1933, that I last saw him
alive on the 4 day of Jan 1933
that death occurred on the date stated above at 6 A.M.,
and that the cause of death was as follows:

Coronary thrombosis
Chronic myocarditis

duration 1 yrs. 1 mos. - ds.

Contributory
(Secondary)

Myocardial infarction

duration - yrs. 2 mos. - ds.

Witness my hand this 4 day of Jan 1933.

Signature

Oscar C. P. M. D.

Address

3110 Hubbard St

FILED

17 PLACE OF BURIAL

Mount Carmel Cem

DATE OF BURIAL

Jan 6

1933

18 UNDERTAKER

Meyers & Co. Funeral Home Inc.

ADDRESS

1820 Conago Ave. Queens

Remedy - 7697

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, 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,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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

Anna Lissner
(NAME)

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

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Signature

Benjamin S. Lissner

Myer & Co. Funeral Directors Inc.
Remond Wein - 169