

FILED

Certificate No. _____

1943 JUN 9 PM 10 38

1. NAME OF DECEASED JENNIE First Name Middle Name FIDELMAN Last Name NONE Social Security Number

PERSONAL PARTICULARS
(To be filled in by Medical Examiner)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by Medical Examiner. See Over.)

2 USUAL RESIDENCE: (a) State New York
(b) Co. New York (c) City, Town or Village New York
(d) No. 238 W 70 Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death Life
(If in rural area, give location)

16 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Manhattan
(c) Name of Hospital or Institution 161 Columbus Ave
(If not in hospital or institution, give street and number.)
(d) If elsewhere than in hospital or own residence, specify character of place of death, as: hotel, office, store, street, taxicab, etc. Restaurant

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
June 8, 1943 6:15 P. M.

4 WIFE HUSBAND } of Joseph

18 SEX Female 19 COLOR OR RACE White 20 Approximate Age 69

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
October 27 1872

21. I hereby certify (a) that in accordance with Sections 878-2.0 and 878-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body at 209 Palisades this 8 day of June 1943

6 AGE 70 yrs. 7 mos. 11 days hrs. or min. If LESS than 1 day

(b) that I examined the body and investigated the circumstances of this death, and *(Cross out terms that do not apply.)

7 Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.

I further certify from the investigation, (complete autopsy)* (partial autopsy)* (incision)* and examination (c) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes)* (accident)* (suicide)* (homicide)* (undetermined circumstances pending further investigation)*, and (d) that the causes of death were:

8 BIRTHPLACE OF DECEDENT: (a) State or Country New York
(b) County NY (c) City, Town or Village NY

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? USA

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR no

Hypertensive Cardiovascular Disease
Coronary Artery Sclerosis
Chronic Myocarditis

11 NAME OF FATHER OF DECEDENT Sydney Freudenberg

12 BIRTHPLACE OF FATHER (State or country) Germany

13 MAIDEN NAME OF MOTHER OF DECEDENT Charlotte Oferman

14 BIRTHPLACE OF MOTHER (State or country) Germany

M. E. Case Signed Frank H. [Signature] Assistant Medical Examiner
Approved Thomas H. [Signature] Chief Medical Examiner
Date 6/9/43

15 SIGNATURE OF INFORMANT [Signature] RELATIONSHIP TO DECEASED Wife ADDRESS 390 Park Ave

22 PLACE OF BURIAL OR CREMATION Mt Carmel Church DATE OF BURIAL OR CREMATION June 11 1943

23 FUNERAL DIRECTOR Robert [Signature] ADDRESS 16 W 79 St PERMIT NUMBER 1983

MEDICAL EXAMINER'S SUPPLEMENTARY REPORT

Did death follow operation? _____ If so, state condition for which performed: _____

If cause of death mentions any drug, chemical, or therapeutic procedure, state reason for its use: _____

(The following items are to be completed for deaths due to accident, suicide or homicide)

Date of injury _____ 19____ Borough where injury occurred _____

Where did injury occur? (Street and number) _____

Did injury occur: at home? _____ in industrial place? _____

in public place? _____ while at work? _____

Means of injury: _____

ON LEA NO. 1057-618
 DATE 6-11-43
 PLANT OP. J.A.P.
 H.M.S. 1057-618

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code provides that—"No permit to remove, ship, cremate or bury the remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan, when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. With this form of death certificate, it is NOT necessary for the Funeral Director to obtain the supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of _____

by _____ of _____

who is the _____ and the nearest surviving relative or next of kin of the deceased.

Name of permittee _____ Permit No. _____

By _____
 (Signature of licensed manager or funeral director if other than permittee.)

To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. _____ granted by _____

Date _____ Hour _____ (A.M.) _____ (P.M.) _____

_____ (Burial Clerk)
 _____ (Funeral Director)