

A 73078

14-H 25-2608-32-B

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BrooklynNo. 752-59th St St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.Apartment HouseRegistered No. 2/2282 PRINT FULL NAME AL VILDE TANDBERG3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED, OR DIVORCED married
(Write the word)15 DATE OF DEATH Oct 29, 1933
(Month) (Day) (Year)5A. WIFE } OF
HUSBAND }
6 DATE OF BIRTH (Month) (Day) (Year) 17 AGE 58 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) Home9 BIRTHPLACE (State or country) Norway
(9) How long in U. S. (if of foreign birth) 39 yrs (9) How long resident in City of New York 5 yrsPARENTS OF DECEASED
10 NAME OF FATHER Christian Naess
11 BIRTHPLACE OF FATHER (State or country) Norway
12 MAIDEN NAME OF MOTHER Jetta Jensen
13 BIRTHPLACE OF MOTHER (State or country) Norway

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

Usual Residence

- 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 Oct 28, 1933 to Oct 29, 1933, that I last saw her alive on the 28 day of Oct, 1933 that death occurred on the date stated above at 4:19 A.M., and that the cause of death was as follows:Bronchopneumonia
(Right lower lobe + left lower lobe)duration yrs. mos. ds. 6 ds.
Contributory (Secondary)
Operation? No State kindduration yrs. mos. ds.
Witness my hand this 29 day of Oct, 1933Signature Reginald Blaker M. D.Address 256-78th St. BklynFILED
540
OCT 30 193317 PLACE OF BURIAL Forest Hill Cemetery Boston MassDATE OF BURIAL Nov 1st, 193318 UNDERTAKER Olav E. Kolosoren 1395ADDRESS 5312-8 Ave

NO MUTILATED CERTIFICATE WILL BE RECEIVED

112302
15
11-2-22

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, without any solicitation on my part or that of any other person, as undertaker by Thorwald P. Bombberg 752-59 St.

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

for the burial or cremation of the remains of deceased Alveta Fandberg

Signature Edw. G. Walworth

1995

Retained
10-30-1931

OCT 29 1933

P. G. Schachnowitz

SYSTEM OF DECEASED