

14H-1946

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

Certificate of Death

Certificate No. **8001**

FILED

Boro-Death

Institution

Boro Resid.

Area-Dist.

Occupation

Activ. Dec.

Citiz. Dec.

Activ. Mother

Cause 1

Cause 2

Operation

Poisoning

T. Accid.

S.-Autop.

1947 APR 4 PM 3:01
1. NAME OF DECEASED

JOHN

MIDDLE NAME

PULLEYN

NONE
SOCIAL SECURITY NUMBERPERSONAL PARTICULARS
(To be filled in by Funeral Director)2 USUAL RESIDENCE: (a) State NEW YORK
(b) Co. NEW YORK (c) Post Office and Zone 21 N.Y.
(d) No. 25 EAST 77 ST. Ave. St.
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death LIFE3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED4 WIFE } of HELEN BLAKE
HUSBAND }5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
APRIL 14 1860

6 AGE 86 yrs. 11 mos. 19 days If LESS than 1 day, hrs. or min.

7 Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. BANKER8 BIRTHPLACE OF DECEDENT: (a) State NEW YORK
(b) County N.Y. (c) City, Town or Village NEW YORK CITY9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR NO11 NAME OF FATHER OF DECEDENT JOSEPH12 BIRTHPLACE OF FATHER (State or country) ENGLAND13 MAIDEN NAME OF MOTHER OF DECEDENT MARY ANN BRADSHAW14 BIRTHPLACE OF MOTHER (State or country) IRELAND15 SIGNATURE OF INFORMANT Helen B. Pulleyn RELATIONSHIP TO DECEASED WifeADDRESS 25 E 77 St22 PLACE OF BURIAL OR CREMATION CALVARY CEM.DATE OF BURIAL OR CREMATION APRIL 7, 194723 FUNERAL DIRECTOR FRANK E. CAMPBELL
THE FUNERAL CHURCH INC.ADDRESS 1076 MADISON AVE.PERMIT NUMBER 3495

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

Donald S. Smith AttyMEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough MANHATTAN
(c) Name of Hospital or Institution LENOX HILL HOSPITAL
(If not in hospital or institution, give street and number.)
(d) If in hospital, give Ward No. M-3
(e) Length of stay at place of death immediately prior to death 19 HOURS 40 MIN17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) APRIL 3 1947 5:10 M.18 SEX MALE 19 COLOR OR RACE WHITE 20 Approximate Age 8621 I HEREBY CERTIFY that (I attended the deceased)*
(~~a staff physician of this institution attended the deceased~~)*
from April 2 1947, to April 3 1947,
and last saw him alive at 5:00 AM on April 3 1947.I further certify that death † was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.* Cross out words that do not apply.
† See first instruction on reverse of certificate.Witness my hand this 3 day of April 1947
Signature Kenneth G. Wainwright M. D.
Address 111 East 76 Street

PHYSICIAN'S CONFIDENTIAL MEDICAL REPORT

This report is based on: (~~autopsy~~) (~~operation~~) (laboratory tests) (clinical findings)
(Cross out terms which do not apply)

ORDER NO. 25150
DATE 4-17-47
NUMBER ISSUED 3
PHOTO OP. (initials)

Principal cause Cerebral Hemorrhage DATE OF ONSET 1 Apr. 47
Contributory cause Arteriosclerosis generalized
Arteriosclerotic Heart Disease 10 yrs. ago
5 yrs. ago
Other pathological conditions _____

Autopsy—Date of None Operation—Date of None
(If none, so state) (If none, so state)
Type of operation _____ Condition for which performed _____
Laboratory tests that assisted diagnosis, if any CBC ESR
Any history of pregnancy in last 6 months? No If so, date of delivery _____
Signature Kenneth G. MacDougal M. D. Position*—(~~Attending physician~~) (Surgeon)
(~~Superintendent~~) (~~Chief of Medical Service~~)
Address 111 E. 76 Street (Resident physician) (~~Interna~~) (~~Pathologist~~)
* Cross out terms which do not apply

90 406
11-22-57
15K

†CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.
The physician will personally complete the certification on the face of the certificate by inserting the words "was not" in the space provided in the second paragraph of Item 21, if the resultant statement would be true. If, after the insertion of these words, the resultant statement would NOT be true, the case must be referred to the Office of the Chief Medical Examiner.
FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

129119
9/11/47
6471
1-27-57
1-18-58

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 John Gallego
by Helen Gallego of 25 East 77 St.
who is the Wife and the nearest surviving relative or next of kin of the deceased.
(Relationship)
This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.
Name of permittee Frank E. Campbell The Funeral Church Inc. 3495 Permit No. _____
By Ronald S. Smith - Allyn
(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. 16 granted by She Jones
(Burial Clerk)

Date 4/3/47 Hour 1045 (A. M.)
Frank E. Campbell
(Funeral Director)
Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.

MARGIN RESERVED FOR BINDING.

1946
Death
Location
Resid.
Dist.
106
Location
3
4
Dec.
5
Dec.
6
Mother
7 Occupation
8
9
10
PARENTS OF DECEASED
15
22
23
BU