

# Certificate of Death

12445

Certificate No. \_\_\_\_\_

FILED

1946 JUN 14 AM 11:32

1. NAME OF DECEASED **Edward B. Tang** Social Security Number **054-05-4677**  
(Print or Typewrite) First Name Middle Name Last Name

**PERSONAL PARTICULARS**  
(To be filled in by Funeral Director)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State **NEW YORK**  
(b) Co. **KINGS** (c) Post Office and Zone **BROOKLYN**  
(d) No. **7012 3rd Ave.** Ave. St.  
(If in rural area, give location)  
(e) Length of residence or stay in City of New York immediately prior to death **LIFE**

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough **BROOKLYN**  
(c) Name of Hospital or Institution **KINGS COUNTY HOSP.**  
(If not in hospital or institution, give street and number.)  
(d) Length of stay at place of death immediately prior to death **3 days**

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
**JUNE 12, 1946 10-30AM**

4 WIFE } of **CECELIA**  
HUSBAND }

18 SEX **MALE** 19 COLOR OR RACE **WHITE** 20 Approximate Age **62 yrs**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
**JANUARY 26, 1884**

21. I HEREBY CERTIFY that ~~(KING COUNTY HOSPITAL)~~  
(a staff physician of this institution attended the deceased)\*  
from **June 9th 1946**, to **June 12, 1946**  
and last saw him alive at **1030** on **June 12 1946**

6 AGE **62** yrs. **4** mos. **16** days If LESS than 1 day, hrs. or min.

Statement of cause of death is based on ~~(autopsy)~~  
(laboratory test) (clinical findings)\* (Cross out terms that do not apply)

7 Occupation  
A Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **CLERK**  
B Industry or business in which work was done, as **silk mill, sawmill, bank, own business, etc.** **RETIRED 6/1945**

Principal cause of death **HYPERTENSIVE CARDIO VASCULAR DISEASE WITH DECOMPENSATION** DATE OF ONSET

8 BIRTHPLACE OF DECEDENT: (a) State **NEW YORK**  
(b) County **KINGS** (c) City, Town or Village **BROOKLYN**

Contributory causes and other conditions

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? **U S**

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR **NO**

Autopsy: **none** Operation: **none**  
Date of (If none, so state) Date of (If none, so state)

11 NAME OF FATHER OF DECEDENT **VALENTINE**

Condition for which performed: *[Signature]*

12 BIRTHPLACE OF FATHER (State or country) **U S**

Signature \_\_\_\_\_ M. D.

13 MAIDEN NAME OF MOTHER OF DECEDENT **MARY LANDERS**

Address **KINGS CO. HOSP.** Date **6-12-46**

14 BIRTHPLACE OF MOTHER (State or country) **U S**

15 SIGNATURE OF INFORMANT *Cecelia Tang* RELATIONSHIP TO DECEASED **Wife** ADDRESS **7012 - 3rd AVENUE**

22 PLACE OF BURIAL OR CREMATION **EVERGREEN CEMETERY** DATE OF BURIAL OR CREMATION **JUNE 15th, 1946**

23 FUNERAL DIRECTOR **GEORGE SIEBOLD & SON** ADDRESS **7523 - 3rd AVENUE** PERMIT NUMBER **801**

**PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES**

Required in connection with Telephone Application for Removal Permit.

**CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.**

I hereby certify that the death of EDWARD B. TANG (Print Name of Decedent)  
 who died on JUNE 12, 1946 (Date of Death), at KINGS CO. HOSP. (Place of Death)

**WAS NOT** \* CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person **WAS NOT** \* one that should be reported to the Medical Examiner.  
 Date 6-12-46 (Personal Signature of Physician)

\* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

**IMPORTANT NOTE TO PHYSICIAN**

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

**FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.**

**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."

**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.

**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 Edward B. Tang

by Cecelia Tang of 7012 - 3rd Avenue  
 who is the Wife (Relationship) and the nearest surviving relative or next of kin of the deceased.

Name of permittee George Siebold & Son Permit No. 801

By George Siebold (Signature of licensed manager or funeral director if other than permittee.)  
 Licensed Manager

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

Telephone Removal No. 8 granted by 1027 (Burial Clerk)

Date 6-12-46 Hour 9<sup>00</sup> (A.M.) (P.M.) George Siebold (Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.

H-1945  
 Pro-Death  
 Institution  
 Pro Resid.  
 2 USU  
 Pro-Dist.  
 Occupation  
 3 SING OR I  
 Div. Dec. 4 WIF  
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