

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

BOROUGH OF Bronx

Name of Institution House of Calvary

Address of Institution 1600 Macombs Rd

Register No. 6677

2 PRINT FULL NAME Letitia M. Geer

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)

Single

15 DATE OF DEATH

July 18 1935  
(Month) (Day) (Year)

5A WIFE } OF

6 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

7 AGE If LESS than 1 day, .hrs. 1 day, .hrs. 82 yrs. mos. ds. or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) No. of years so occupied

9 BIRTHPLACE (State or country)

U. S.

(A) How long in U. S. (if of foreign birth)

(B) How long resident in City of New York Life

10 NAME OF FATHER OF DECEDENT

G. Warren Geer

11 BIRTHPLACE OF FATHER (State or country)

U. S.

12 MAIDEN NAME OF MOTHER OF DECEDENT

Cornelia Mumford

13 BIRTHPLACE OF MOTHER (State or country)

U. S.

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

Usual residence 4461 Bronx Blvd. NYC

INFORMANT:

Where was disease contracted, if not at place of death?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution, on February 15 1935, that I last saw her alive on the 17 day of July 1935, that she died on the 18 day of July 1935, about 10:50 o'clock A. M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was:

Carcinoma of Bladder  
duration 2 yrs. 5 mos. ds.

Contributory (Secondary)

duration yrs. mos. ds.

Operation? No State kind

Witness my hand this 18 day of July 1935

Signature Arthur O. Gray M. D.

House Visiting Physician

17 I hereby certify that I have this..... day of 19, performed an autopsy upon the body of said deceased, and that the cause of h..... death was as follows:

Signature..... M.D.

Pathologist..... Hospital

FILED

JUL 19 1935

18 PLACE OF BURIAL

Greenwood Cem

DATE OF BURIAL

July 20 1935

19 UNDERTAKER

Edwin H. Slaton

ADDRESS

40-W-58

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

35

## 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 herein by Jahn H. Smith

of 110 Morningside Drive who is the only known relative

and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature) Edwin H. Eaton

Business Address 40-W-58

Permit Number (Undertaker's) 2242

If another undertaker in your employ is to take personal charge of the work in the care, preparation or other disposition of such dead human body, give his name and State License number.

State License No. \_\_\_\_\_