

1 PLACE OF DEATH

STATE OF NEW YORK

BOROUGH OF

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

Registered No.

2 FULL NAME

3 SEX

4 COLOR OR RACE

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

15 DATE OF DEATH

DATE OF BIRTH

AGE

OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business or establishment in
which employed (or employer)BIRTHPLACE
(State or country)(8) How long in
U. S. (if of for-
eign birth)

27 yrs

(9) How long resi-
dent in City
of New York

27 yrs

PARENTS OF DECEASED

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
present Residence

FILED

17 PLACE OF BURIAL

18 UNDERTAKER

DATE OF BURIAL

ADDRESS

Manhattan

314 Delancey

St.

Tenement

Leib Schessel

23999

Male

white

married

Aug 25 1920
(Month) (Day) (Year)— — — 1860
(Month) (Day) (Year)60 yrs. — mos. — ds.
If LESS than
1 day, — hrs.
or — min.?

Presser

Ladies garment

Austria

27 yrs (8) How long resi-
dent in City
of New York 27 yrs10 NAME OF
FATHER Morris Schessel11 BIRTHPLACE
OF FATHER
(State or country) Austria12 MAIDEN NAME
OF MOTHER Sarah13 BIRTHPLACE
OF MOTHER
(State or country) Austria

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 Aug 24 1920
to Aug 25 1920, that I last saw
alive on the 25 day of Aug 1920,
that death occurred on the date stated above at 10 A.M.,
and that the cause of death was as follows:

Acute dilatation of
the heart

duration — yrs. — mos. — ds. 2 ds.
Contributory Chronic endo-
(Secondary) myocarditis

duration 10 yrs. — mos. — ds.
Witness my hand this 25 day of Aug 1920

Signature M. J. Plauton M.D.

Address 27 1/2 Plauton

17 PLACE OF BURIAL
Mt Zion Cem

DATE OF BURIAL
Aug 25 1920

18 UNDERTAKER
J. J. Schessel

ADDRESS
317 63rd St.

NO RETURN TO BUREAU OF RECORDS WILL BE RECEIVED