

# CERTIFICATE OF DEATH

9980

PLACE OF DEATH: BOROUGH OF Manhattan CERTIFICATE NO. 9980  
61 Columbus St. Ave. Character of premises, whether tenement, private, hotel, etc. Tenement  
 FULL NAME (PRINT) ZIESEL Sophie Schlissel  
 First Name Middle Name Last Name  
 Residence (usual place of abode) Ave. No. 61 Columbus Ave. Borough of Man  
 (If nonresident, give place and State) No. St.

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 4 WIFE (HUSBAND) OF Leibish Schlissel  
 5 DATE OF BIRTH OF DECEDENT April 2 1863  
 (Month) (Day) (Year)  
 6 AGE OF DECEDENT 75 yrs. 1 mos. 3 da. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 7 OCCUPATION A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 B Industry or business in which work was done, as silk mill, sawmill, bank, etc. -  
 C Date deceased last worked at this occupation (month and year) - D Total time (years) spent in this occupation 50 yrs  
 8 BIRTHPLACE (State or country) Austria

9 How long in U.S. (if of foreign birth) 40 yrs 10 How long resident in City of New York 40 yrs

PARENTS OF DECEASED  
 11 NAME OF FATHER OF DECEDENT Moran Flanzgraben  
 12 BIRTHPLACE OF FATHER OF DECEDENT (State or country) Austria  
 13 MAIDEN NAME OF MOTHER OF DECEDENT Esther Knapp  
 14 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) Austria

15 INFORMANT Son - Harry

16 PLACE OF BURIAL Mt Zion Cem

17 UNDERTAKER BRETTSCHNEIDER FUNERAL SERVICE, INC.  
Dwight Brettschneider 2775

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH May 5 1938  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from May 2 1938 to May 4 1938  
 I last saw her alive on May 4 1938; death is said to have occurred on the date stated above, at 2:45 A M.

The principal cause of death and related causes of importance were: follows: Duration  
Acute Lobar Pneumonia 3 days  
 Other contributory causes of importance:  
Generalized Arteriosclerosis 3 years

Name of operation \_\_\_\_\_  
 Date May 5, 1938  
 What test confirmed diagnosis? 1  
 Was there an autopsy? no

Signature Martin L. Kaye, M. D.  
 Address 60 AVE D, NYC