

CERTIFICATE OF DEATH

10951

1940 NOV 28 AM 10 04

1 PLACE OF DEATH: BOROUGH OF

BRONX

CERTIFICATE NO.

No. 281 ST. ANNE AVE

Ave. Character of premises,
St. whether tenement,
private, hotel, etc.

TENEMENT

2 FULL NAME (PRINT)

JOSEPH

NADEL

First Name

Middle Name

Last Name

3 Residence (usual place of abode)

(If nonresident, give place and State) No. 281 ST. ANNE AVE

Ave.
St.

Borough of BRONX

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

MALE

5 COLOR OR RACE

WHITE

6 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

WIDOWED

6A WIFE

HUSBAND } OF

OPHELIA NADEL

7 DATE OF BIRTH
OF DECEDENT

APRIL

15

1940

(Month)

(Day)

(Year)

8 AGE OF DECEDENT

79

yrs.

7

mos.

13

da.

If LESS than

1 day.....hrs.

or.....min.?

9 OCCUPATION

A Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

FOREMAN

B Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

KNITTING MILL

C Date deceased last worked at
this occupation (month
and year)

1917

D Total time (years)
spent in this
occupation

26

10 BIRTHPLACE
(State or country)

Austria

11 How long in
U. S. (if of for-
eign birth)

55 YRS.

12 How long resi-
dent in City
of New York

45 YRS.

PARENTS OF DECEASED

13 NAME OF
FATHER
OF DECEDENT

Joseph Nadel

14 BIRTHPLACE
OF FATHER
OF DECEDENT
(State or country)

Austria

15 MAIDEN NAME
OF MOTHER
OF DECEDENT

Nelly

UNKNOWN

16 BIRTHPLACE
OF MOTHER
OF DECEDENT
(State or country)

Austria

17 INFORMANT

Joseph Nadel, son

21 PLACE OF BURIAL

Montefiore Cem. Springfield L.I.

22 UNDERTAKER

Nelson B Coor 6 Ave.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

NOV

27

1940

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended the deceased from
NOV. 15, 1940, to NOV. 27, 1940I last saw him alive on NOV. 26, 1940; death is
said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Duration

ACUTE CORONARY
THROMBOSIS

13 DAYS

Other contributory causes of importance:

PULMONARY OEDEMA
GENERALIZED ARTERIO SCLEROSIS

Name of operation

Date

What test confirmed diagnosis? CLINICAL OBSERVATION

Was there an autopsy? NO

Signature Abraham Katz, M. D.

Address 282 St. Ann's Ave, Bronx

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."

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker to dispose of the remains of Joseph Nadel

by Joseph Nadel of 281 St Ann's Ave

who is the Son 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) Walter B. Crooke Business Address 1 W 190 St NYC Permit No. 120

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. Joseph W. Gorman State License No. att

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, bubonic plague, acute anterior poliomyelitis (infantile paralysis), scarlet fever (Scarlatina) and smallpox (variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

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, provided the application is made by a licensed undertaker who has in his possession at the time of telephoning, the following documents: (a) the certificate of death and (b) the physician's supplementary certification.

PHYSICIAN'S SUPPLEMENTARY CERTIFICATION

(Required in Connection with Telephone Application for Removal Permit.)

DEATHS THAT ARE EVEN REMOTELY ASSOCIATED WITH AN EARLIER ACCIDENT, MUST BE REFERRED TO THE MEDICAL EXAMINER.

If death has not been contributed to or caused by homicide, suicide, accident, acute or chronic poisoning, abortion, puerperal sepsis, or any suspicion of those conditions, and the funeral director desires to obtain removal permission by telephone, the physician will execute the following certification:—

I hereby certify that the death of Joseph Nadel

who died on Nov. 27 1940 at 281 St Ann's Ave, Bronx

has not been contributed to or caused by any of the conditions mentioned in the above list.

Abraham Katz Address 242 St Ann's Ave, Bronx

(Personal Signature of Physician)

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date Nov. 27-1940 Hour 8.05 (A.M.)

Telephone Removal No. Two granted by Joe (Burial Clerk)

Walter B. Crooke 1972
By Edward J. McGrath 1052
(Undertaker)