

BUREAU OF VITAL RECORDS
 DEPARTMENT OF HEALTH
 BOROUGH OF QUEENS

Certificate of Death

Certificate No. 521

 FILED
 1944 JAN 15 AM 10 20

 1. NAME OF DECEASED John
 (Print or Typewrite)

First Name

Middle Name

Last Name

Social Security Number

 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. Queens (c) City, Town or Village Glendale
 (d) No. 77-62 - 79th Place, Ave. St.
 (e) Length of residence or stay in City of New York immediately prior to death 3 years

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

 4 WIFE HUSBAND } of Margaret

 5 DATE OF BIRTH OF DECEDENT (Month) January (Day) 18 (Year) 1863

 6 AGE 74 yrs. 11 mos. 26 days If LESS than 1 day, hrs. or min.

 7 Occupation Retired 1928 Watchman

 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.

 8 BIRTHPLACE OF DECEDENT: (a) State or Country New York
 (b) County Kings (c) City, Town or Village Brooklyn

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

 10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR No

 11 NAME OF FATHER OF DECEDENT Joseph

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

 13 MAIDEN NAME OF MOTHER OF DECEDENT Margaret Folk

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

 15 SIGNATURE OF INFORMANT x Charles Kramer

RELATIONSHIP TO DECEASED

Son

ADDRESS

77-62 79th Place

 22 PLACE OF BURIAL OR CREMATION Holy Trinity Cemetery

 DATE OF BURIAL OR CREMATION January 17, 1944.

 23 FUNERAL DIRECTOR R. Stutzmann & Son Inc.

ADDRESS

2001 Madison St.

PERMIT NUMBER

2002

BUREAU OF VITAL RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

14H-1943

Boro-Death

Institution

Boro-Resid.

Area-Dist.

Occupation

Nativ. Dec.

Citiz. Dec.

Nativ. Mother

Cause 1

Cause 2

Operation

Type Accid.

O. T. Accid.

Att.-Autop.

Com.

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 John Kramer
(Print Name of Decedent)
who died on January 14, 1944 at 77-62 - 79th Place
(Date of Death) (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 1-14-44
(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.
If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is NOT
necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

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 John Kramer
by Charles Kramer of 77-62 - 79th Place, Glendale
who is the son and the nearest surviving relative or next of kin of the deceased.
(Relationship)

Name of permittee R. Stutzmann & Son Inc. Permit No. 2003
By R. Stutzmann
(Signature of licensed manager or funeral director if other than permittee.)

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone
Telephone Removal No. 3 granted by R. Jones
(Burial Clerk)
Date 1-14-44 Hour 6 45 (A.M.) (P.M.)
R. Stutzmann
(Funeral Director)

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