

# Certificate of Death

Certificate No. **15801**

FILED  
1942 AUG 21 PM 3:23

1. NAME OF DECEASED **ANNA REINHARD** NONE  
(Print or Typewrite) First Name Middle Name Last Name Social Security Number

**PERSONAL PARTICULARS**  
(To be filled in by Medical Examiner)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by Medical Examiner. See over.)

2 USUAL RESIDENCE: (a) State **New York**  
(c) City, Town or Village **Brooklyn**  
(b) Co. **Kings**  
(d) No. **1135 Brooklyn Ave.** Ave. St.  
(If in rural area, give location)  
(e) Length of residence or stay in City of New York immediately prior to death **56 yrs**

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough **Brooklyn**  
(c) Name of Hospital or Institution **1135 Brooklyn Ave.**  
(If not in hospital or institution, give street and number)  
(d) If elsewhere than in hospital or own residence, specify character of place of death, as: hotel, office, store, street, taxicab, etc.

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
**August 21, 19 42 A.M.**

4 WIFE **Widowed** } of **Alex**

18 SEX **Female** | 19 COLOR OR RACE **White** | 20 Approximate Age **74**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
**July 26 1868**

21 I hereby certify (a) that in accordance with Sections 878-2.0 and 878-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body at **1135 Brooklyn Ave.**

6 AGE **74** yrs. **0** mos. **25** days | If LESS than 1 day, hrs. or min.

this **21** day of **August** 19 **42**

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

(b) that I examined the body and investigated the circumstances of this death, and *\*(Cross out terms that do not apply.)*

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

I further certify from the investigation, *(cross out terms that do not apply.)* ~~and examination (c) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes)\*~~ ~~and (d) that the causes of death were:~~

8 BIRTHPLACE OF DECEDENT: (a) State or Country **Germany**  
(c) City, Town or Village

*Chronic myocarditis  
Diabetic Mellitus*

(b) County **U. S.**

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

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR **no**

11 NAME OF FATHER OF DECEDENT **Adam Hugo**

M. E. Case Signed *Thomas A. Sample* Assistant Medical Examiner

12 BIRTHPLACE OF FATHER (State or country) **Germany**

Approved *Thomas A. Sample* Chief Medical Examiner

13 MAIDEN NAME OF MOTHER OF DECEDENT **Katharina Scheurich**

No. **2622** Date **8/27/42**

14 BIRTHPLACE OF MOTHER (State or country) **Germany**

15 SIGNATURE OF INFORMANT **Anna Reinhard** RELATIONSHIP TO DECEASED **Daughter** ADDRESS **1135 Brooklyn Ave.**

22 PLACE OF BURIAL OR CREMATION **Holy Cross CEM.** DATE OF BURIAL OR CREMATION **Aug. 27, 1942**

23 FUNERAL DIRECTOR **Fairchild Sons Inc** ADDRESS **86 Lefferts Place** PERMIT NUMBER **590**

## MEDICAL EXAMINER'S SUPPLEMENTARY REPORT

Did death follow operation?.....If so, state condition for which performed:.....

If cause of death mentions any drug, chemical, or therapeutic procedure, state reason for its use:.....

(The following items are to be completed for deaths due to accident, suicide or homicide)

Date of injury.....19.....Borough where injury occurred.....

Where did injury occur? (Street and number).....

Did injury occur: at home?.....in industrial place?.....  
in public place?.....while at work?.....

Means of injury:.....

### 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."

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 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. With this form of death certificate, it is NOT necessary for the Funeral Director to obtain the 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 Anna Reinhart

by Frances Reinhart of 1135 Brooklyn Ave

who is the Daughter and the nearest surviving relative or next of kin of the deceased.

Name of permittee Fanchell Sons Inc Permit No. 590

By Carsten Melder # 1324  
(Signature of licensed manager or funeral director if other than permittee.)

To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. NONE granted by.....(Burial Clerk)

Date.....Hour.....(A.M.)  
(P.M.).....(Funeral Director)

I viewed the body after death and

UNDER NO. 2  
NUMBER ISSUED  
DATE  
SEARCHED  
PHOTO OF