

Certificate of Death

7166

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1945 JUL 18 AM 9 28

Certificate No.

1. NAME OF DECEASED *Herman Sprung* none
(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. *Bronx* (c) City, Town or Village *Bronx*
(d) No. *227 East 178 Ave St.*
(e) Length of residence or stay in City of New York immediately prior to death *68 yrs*

16 PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough *Bronx*
(c) Name of Hospital or Institution *227 East 178 St*
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death *5 years*

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
July 18 1945 5 A.M.

4 WIFE HUSBAND } of *Lizzie*

18 SEX *male* 19 COLOR OR RACE *white* 20 Approximate Age *88 1/2*

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
Dec 28 1856

21 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)*
from *Sept 13 1944* to *July 18 1945*

6 AGE *88* yrs. *6* mos. *20* days If LESS than 1 day, hrs. or min.

and last saw h. *in* alive at *4 A.M.* on *July 18 1945*

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

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not apply)

Principal cause of death *Myocardial Failure* DATE OF ONSET *7-11-45*

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

Contributory causes and other conditions *Generalized*

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? *USA*

Arteriosclerosis; Hyper-tensive Heart Disease

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

11 NAME OF FATHER OF DECEDENT *Ralph*

Autopsy: *none* Operation: *none*
Date of (If none, so state) Date of (If none, so state)

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

Condition for which performed:

13 MAIDEN NAME OF MOTHER OF DECEDENT *Henrietta Levy*

Signature *Louis Goodman* M. D.

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

Address *104 East 40 St* Date *7-18-45*

15 SIGNATURE OF INFORMANT *Joseph Sprung* RELATIONSHIP TO DECEASED *Son* ADDRESS *9 Rockledge Rd N.Y.C.*

22 PLACE OF BURIAL OR CREMATION *Bayside Cem*

DATE OF BURIAL OR CREMATION *July 20-1945*

23 FUNERAL DIRECTOR *Albert P. ...* ADDRESS *115 W. 79 St* PERMIT NUMBER *1983*

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 HERMAN SPRINZ (Print Name of Decedent)

who died on July 18, 1945 (Date of Death), at 227 East 178 Street (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 July 18, 1945 Henri Goodkin M.D. (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 Herman Sprinz

by Joseph Sprinz of 227 East 178 Street

who is the Son (Relationship) and the nearest surviving relative or next of kin of the deceased.

Name of permittee Joseph Sprinz Permit No. 1987

By [Signature] (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. [Number] granted by [Signature] (Burial Clerk)

Date 7/18/45 Hour 7 (A.M./P.M.) [Signature] (Funeral Director)

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