

A 107845

14-H 25-2608-31-B.P.

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 227 East 178 Street St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

tenement

Registered No. 3775

2 FULL NAME

Lizzie Spring

3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) married	15 DATE OF DEATH April 20, 1933 (Month) (Day) (Year)
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5A. WIFE HUSBAND	OF Stymon Spring
6 DATE OF BIRTH	July 9, 1854 (Month) (Day) (Year)

7 AGE 78 yrs. 8 mos. ds.	If LESS than 1 day,hrs. orm in.?
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8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)	Housewife
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9 BIRTHPLACE (State or country)	U. S. A.
(A) How long in U. S. (if of foreign birth)	(B) How long resident in City of New York
—	life

PARENTS OF DECEASED	10 NAME OF FATHER Samuel Aisner
	11 BIRTHPLACE OF FATHER (State or country) Germany
	12 MAIDEN NAME OF MOTHER Johanna Blei
13 BIRTHPLACE OF MOTHER (State or country) Germany	

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Usual Residence above

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from April 15, 1933 to April 20, 1933, that I last saw her alive on the 20 day of April, 1933 that death occurred on the date stated above at 10 A. M., and that the cause of death was as follows:

Bronchopneumonia
Cardiac Decompensation

duration	5 yrs.	5 mos.	5 ds.
Contributory (Secondary)	Atherosclerosis Chronic Myocarditis Coronary Arteriosclerosis		
duration	10 yrs.	— mos.	— ds.

Witness my hand this 20 day of April 1933

Signature Ravis Goodkin M. D.

Address 2073 Davidson Ave. Bk

FILED

17 PLACE OF BURIAL

Bayside Cem.

DATE OF BURIAL

April 23, 1933

18 UNDERTAKER MEMORIAL CHAPEL, INC.

MGR

J. J. McKelvey

ADDRESS

1407 76th St

#185

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

100-115733

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a **casualty** or by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or **refuse to report** such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates **will be returned for additional information** which give any of the following diseases, without explanation, as the sole cause of death:

- Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure**," "**Dropsy**," or other **mere symptom** as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is **mutilated, illegible, inaccurate, or any portion** of which has been **erased, interlined, corrected or altered**, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by

the *Hubbard* of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased *Lizzie Sprunz*

Signature *[Signature]*
RIVERSIDE MEMORIAL CHAPEL, INC.
MGR.

NO HOLLYWOOD CEMETERY...
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11 BIRTH
12 MARRIAGE
13 MOTHER
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