

CERTIFICATE OF DEATH

197 DEC 30 AM 11:38

1 PLACE OF DEATH: BOROUGH OF BROOKLYN CERTIFICATE NO. 26102
No. 325 Saratoga Ave. Character of premises, tenement
St. private, hotel, etc.

2 FULL NAME (PRINT) ABRAHAM MADANSKY
First Name Middle Name Last Name

3 Residence (usual place of abode) 325 Saratoga Ave. Brooklyn
(If nonresident, give place and State) No. St. Borough of

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6A WIFE } OF Yetta
HUSBAND }

7 DATE OF BIRTH OF DECEDENT _____, 1____ (Month) (Day) (Year)

8 AGE OF DECEDENT 70 yrs. _____ mos. _____ da. If LESS than 1 day _____ hrs. 1 day _____ hrs. or _____ min.?

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

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

C Date deceased last worked at this occupation (month and year) 1931 D Total time (years) spent in this occupation 35

10 BIRTHPLACE (State or country) Russia

11 How long in U. S. (if of foreign birth) 45 years 12 How long resident in City of New York 40 years

13 NAME OF FATHER OF DECEDENT Beauch Madansky

14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) Russia

15 MAIDEN NAME OF MOTHER OF DECEDENT Unknown

16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) Russia

17 INFORMANT Son

21 PLACE OF BURIAL Acacia Cemetery

22 UNDERTAKER JEWISH MEMORIAL CHAPEL, Inc.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 29, 1937
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from _____, 1932, to December 29, 1937
I last saw him alive on Dec 29, 1937; death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis Duration 5 year
Myocarditis

Other contributory causes of importance: Carcinoma of Stomach 8 months

Name of operation _____

Date _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

Signature Jonah L. Tabershaw, M. D.

Address 991 Herkimer St

DATE OF BURIAL Dec. 30, 1937

ADDRESS 1406 Pitkin Ave.

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

165113
1-1838

TO FUNERAL DIRECTORS

ORDER No. 1639
DATE

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 Abraham Madansky

by Yetta Madansky of 325 Serotoga Ave.
who is the Wife 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) A. S. Musickoff Business Address 1406 Pitkin Ave. Permit No. 2762

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. _____ State License No. _____

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 _____ (Print Name of Decedent)
who died on _____ (Date of Death), at _____ (Place of Death)

has not been contributed to or caused by any of the conditions mentioned in the above list.
_____, Address _____
(Personal Signature of Physician)

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date _____ (A.M.) _____ (P.M.)
Hour _____
Telephone Removal No. _____ granted by _____ (Burial Clerk)
_____ (Undertaker)

The missing information is unknown.
Signed: 17 Oct 31 Yetta Madansky (Em Hebrew)