

Certificate of Death

22279

Certificate No.

FILED

2 NAME OF DECEASED **Benjamin SLADE**
 (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. **KINGS** (c) Post Office **Brooklyn** and Zone
 (d) No. **110 KEAP ST** Ave. St.
 (If in rural area, give location)
 (e) Length of residence or stay in City of New York immediately prior to death **LIFE N.Y.**

16 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **Brooklyn**
 (c) Name of Hospital or Institution **110 Keap Street**
 (If not in hospital or institution, give street and number.)
 (d) If in hospital, give Ward No.
 (e) Length of stay at place of death immediately prior to death **15 years**

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
November 11 1948 5:30 P.M.

4 WIFE-HUSBAND of **Rose**

18 SEX **Male** 19 COLOR OR RACE **White** 20 Approximate Age **61 years**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

6 AGE **61** yrs. mos. days If LESS than 1 day, hrs. or min.

21 I HEREBY CERTIFY that (I attended the deceased)*
 (~~a staff physician of this institution attended the deceased~~)*

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

from **17 February 1948**, to **11 November 1948**,
 and last saw him alive at **5:15 P.M.** on **11 November 1948**.

8 BIRTHPLACE OF DECEDENT: (a) State **NEW YORK**
 (b) County **MANHATTAN** (c) City, Town or Village

I further certify that death ~~was~~ **was not** caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

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

* Cross out words that do not apply.
 † See first instruction on reverse of certificate.

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

11 NAME OF FATHER OF DECEDENT **Simon -**

Witness my hand this **11** day of **November** 19 **48**

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

Signature **William Lupton** M. D.

13 MAIDEN NAME OF MOTHER OF DECEDENT **Rachael Schenjest**

Address **543 Bedford Ave Bklyn**

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

15 SIGNATURE OF INFORMANT **Slade** RELATIONSHIP TO DECEASED **Son** ADDRESS **5423 Ft. Hamilton Pkwy Bklyn**

22 PLACE OF BURIAL OR CREMATION **Mt. Hebron Cemetery** DATE OF BURIAL OR CREMATION **November 17, 1948**

23 FUNERAL DIRECTOR **Jeffer Funeral Home** ADDRESS **452 79th St** PERMIT NUMBER **3136**

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

†CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

The physician will personally complete the certification on the face of the certificate by inserting the words "was not" in the space provided in the second paragraph, if the resultant statement would be true.

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence or by a casualty or by a suicide, or suddenly while in apparent health, or 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

This certificate must be accompanied by the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Divulging the information contained in the Confidential Medical Report, or delivery of that Report to any one other than a licensed funeral director or an official of the Bureau of Records and Statistics of the Department of Health, designated to receive such reports, will result in the revocation of a Funeral Director's permit to do business in the City of New York.

Removal of bodies prohibited without permit. Except when such removal is ordered in connection with an investigation conducted by a Medical Examiner, a District Attorney or the Police Department, Section 38 of the Sanitary Code prohibits 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.

Permission to remove dead bodies granted by telephone. In keeping with Section 38 and the regulations of the Board of Health, 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 Funeral Director who has the certification of death in his possession at the time of telephoning.

FUNERAL DIRECTOR'S CERTIFICATE

It is hereby certified that the undersigned has been employed to dispose of the remains of

by Rose Benjamin Slade of 110 West St.
who is the wife and the nearest surviving relative or next of kin of the deceased.
(Relationship)

Such employment has not been the result of any solicitation by or on behalf of the undersigned in connection with the procurement of the case. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

Name of permittee Jeffer Funeral Home Permit No. 3136
By Alvin M. Jeffer
(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. 2 granted by De. Stretch (Burial Clerk)
Date 10-12-48 Hour 1⁰⁵ (A. M.)
(P. M.) [Signature] (Funeral Director)

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

DO NOT WRITE IN THIS SPACE. RESERVED FOR HEALTH DEPARTMENT RECORDS.

Y 3709
3-24-49

1-89959
15-11-81

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BROOKLYN

52
9
AM
12
NOV

136858
19-52
1-1

12277
11244
[Signature]

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

7H-194
BROOKLYN
Institution
Occupation
Activ. Dec.
Citiz. Dec.
Activ. Mot.
Cause 1
Cause 2
Operation
Type Accid.
D. T. Accid.
Att.-Autop.
Com.