

1 PLACE OF DEATH
Brooklyn
20
St. of
M. E. Hospital.

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

er of premises,
tenement, private,
ospital or other place, etc. Hospital.

St.
Registered No. 20518

2 FULL NAME alex. Reinhard.

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

15 DATE OF DEATH Nov. 5, 1912
(Month) (Day) (Year)

6 AGE AT BIRTH Oct. 6, 1847
(Month) (Day) (Year)

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 Nov. 1912 to Nov. 5, 1912 that I last saw him alive on the 5th day of Nov. 1912 that death occurred on the date stated above at 7:30 P.M., and that the cause of death was as follows:

7 PERIOD OF ILLNESS 65 yrs. 30 ds. If LESS than 1 day, hrs. or min.?

Amputated leg for
Gangrene of leg
Diabetes

8 OCCUPATION Stableman.
9 TRADE, PROFESSION, OR USUAL KIND OF WORK
10 GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

duration yrs. mos. ds.

11 BIRTHPLACE (State or country) Germany.

Contributory (Secondary) Similarity

12 HOW LONG IN U.S. (if of foreign birth) 21 yrs. (B) How long resident in City of New York 21 yrs.

10 NAME OF FATHER Adolph Reinhard

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Ada Reinhard.

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 SPECIAL INFORMATION required in deaths in hospitals and institutions in deaths of non-residents and recent residents.
315 West St.

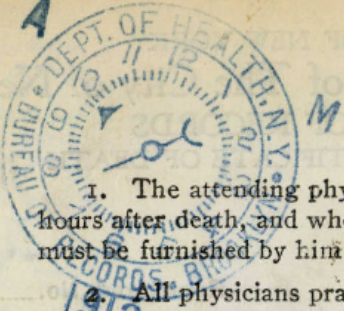
duration yrs. mos. ds.
Witness my hand this day of 1912

Signature W. A. Barber M. D.
Address M. E. H.

15 WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

17 PLACE OF BURIAL Holy Cross
DATE OF BURIAL Nov 8-1912, 1912

18 UNDERTAKER
Address 334- Smith St



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 135 and 161).

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 160).

3. If a person dies from **criminal violence** or by a **casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or **in prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

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

Abortion,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Haemorrhage,	Miscarriage,	Tetanus.
Gangrene,	Necrosis,	

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. 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*, *Compositor*, *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*; (c) *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.

S. J. [Signature]

S. J. [Signature]