

CERTIFICATE OF DEATH

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1938 OCT 27 AM 10 58

1 PLACE OF DEATH: BOROUGH OF Manhattan CERTIFICATE NO. _____
No. 138 E 60th St. Ave. _____
St. _____ Character of premises, whether tenement, private, hotel, etc. _____

2 FULL NAME (PRINT) SAMUEL Michael Schenkeln
First Name Middle Name Last Name

3 Residence (usual place of abode) _____ Ave. _____
(If nonresident, give place and State) No. 138 E. 60th St. St. Borough of Manhattan

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 Augusta
HUSBAND }

7 DATE OF BIRTH OF DECEDENT _____
(Month) (Day) (Year)

8 AGE OF DECEDENT 72 yrs. _____ mos. _____ da. or _____ min.?
If LESS than 1 day _____ hrs.

9 OCCUPATION
A Trade, profession, or particular kind of work done, as Inventor spinner, sawyer, bookkeeper, etc.
B Industry or business in which work was done, as silkworm mill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year) 1937 D Total time (years) spent in this occupation life

10 BIRTHPLACE (State or country) Poland

11 How long in U. S. (if of foreign birth) 68 yrs 12 How long resident in City of New York 68

13 NAME OF FATHER OF DECEDENT Hyman

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

15 MAIDEN NAME OF MOTHER OF DECEDENT Rebecca Suckman

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

17 INFORMANT _____

21 PLACE OF BURIAL Beth-El Cem. P.

DATE OF BURIAL Oct 27, 1938

22 UNDERTAKER Edward Emanuel Funeral Home

ADDRESS 180 W 76th St

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 26, 1938
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from February, 1938 to October 26, 1938
I last saw him alive on Oct. 25, 1938; death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows: Duration
Chronic lymphoblastic leukemia 10 mos
Coronary Arteriosclerosis

Other contributory causes of importance:
Coronary Arteriosclerosis

Name of operation _____

Date _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

Signature Alto Weiss, M. D.

Address 425 West End Ave

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

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."

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 Samuel Schenkman

by Rayeta Schenkman of 138 E 60 St

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) [Signature] Business Address 110 W 76 St Permit No. 115

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. [Signature] State License No. 193

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 Samuel Schenkman

who died on Oct 26 1938, at 138 E 60 St

has not been contributed to or caused by any of the conditions mentioned in the above list.

[Signature]; Address 425 West End Ave

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date 11/28 (A.M.)
Hour _____ (P.M.)

Telephone Removal No. 37 granted by [Signature] (Burial Clerk)

[Signature] (Undertaker)