

NEW YORK
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate

CERTIFICATE AND RECORD OF DEATH

Annie Gluckstein

5977

Female Color white

Place of Death

302 E 105

38

Yrs

Days

Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title.

Tenement.

married

housewife

Austria

Father's Name

Isaac Soter

Father's Birthplace

Austria

Mother's Maiden Name

Ettel (Soter)

Mother's Birthplace

Austria

17 years

I certify that I attended deceased from

Dec

1902, to

Feb 15

I last saw

her

alive on the

15

day of

Feb.

1904, that

she died on the

16

day of

Feb.

1904, about

5

o'clock A. M., or

and that to the best of my knowledge and belief, the cause of

her

death was as follows:

chronic endocarditis

Contributory

Exhaustion

(Duration)

Yrs.

Mos.

Days.

(Duration)

Yrs.

Mos.

Days.

SPECIAL INFORMATION

Deaths in hospitals and institutions and deaths of non residents and recent residents.

Former or present residence.

Residence at time of death.

Signature of physician.

Witness my hand this

15 day of Feb

1904

(Signature)

Isador Abramson

(Residence)

65 N 126.

5977

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Washington Cem
Feb 17 1904
W. Cross
341 5th St 3 Fl

N. B.— A certificate of death is a document of great importance. More than 23,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 34 hours after death, and where death has resulted from infectious or contagious disease, a certificate must be furnished by him **forthwith** (Sanitary Code, Section 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 Coroners' office (Chapter 410, Section 1773, Laws of 1893).

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,
Hæmorrhage,	Miscarringe,	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.

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 change impair its value as a public record.