16 H—1[illegible]6

1 PLACE OF DEATH

BOROUGH OF Manhattan

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

No. 1323 Park Ave St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. tenement

Registered No. 31322

2 FULL NAME Elkie Glickstein

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
|---|---|---|
| female | white | widowed |

6 DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

7 AGE 70 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Austria

(9 A) How long in U. S. (if of foreign birth) 16 years (9 B) How long resident in City of New York 16 years

10 NAME OF FATHER Moses Reiner

11 BIRTHPLACE OF FATHER (State or country) Austrian

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Austria

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence }

15 DATE OF DEATH November 30 (Month) (Day) 1919 (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 27 1919 *to* Nov. 30 1919, *that I last saw* her *alive on the* 30 *day of* Nov 1919, *that death occurred on the date stated above at* 7.30 P.M., *and that the chief and determining cause of death was:*

Myocarditis

duration ... yrs. ... mos. ... days.

*That the contributory causes were:*

Chronic cholecystitis

*That autopsy was performed and the findings were:*

*Witness my hand this* 2 *day of* Dec 1919

*Signature* D. E. Styman M. D.

*Address* 71 E. 96 St

FILED
DEC - 1 1919

17 PLACE OF BURIAL Mt. Lebanon Cem.

DATE OF BURIAL Mon. Dec 1 1919

18 UNDERTAKER M. Yomin

ADDRESS 203 E. B-way

NO MUTILATED CERTIFICATE WILL BE RECEIVED
MARGIN RESERVED FOR BINDING