

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution Liberty Maternity HospitalRegister No. 96072 FULL NAME Female Baby Cherrin3 SEX Female4 COLOR OR RACE White5 SINGLE,
MARRIED,
WIDOWED,
or DIVORCED
(Write the word) Baby15 DATE OF DEATH April 29, 19306 DATE OF BIRTH April 29, 1930

7 AGE

If LESS than

1 day, hrs.
or 30 min.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) No. of years so occupied

9 BIRTHPLACE

(State or country) U.S.A.

(A) How long in U. S. (if of foreign birth)

(B) How long resident in City of New York life10 NAME OF FATHER Louis Cherrin11 BIRTHPLACE OF FATHER (State or country) Russia12 MAIDEN NAME OF MOTHER Leiba Helprin13 BIRTHPLACE OF MOTHER (State or country) Russia

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

Former or usual residence } 801 Dumont Ave

Where was disease contracted, if not at place of death?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on April 29, 1930, that I last saw her alive on the 29 day of April 1930, that she died on the 29 day of April 1930, about 1:45 o'clock A. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was:

Teratoma
Evisceration

duration ___ yrs. ___ mos. ___ ds.

Contributory

(Secondary)

duration ___ yrs. ___ mos. ___ ds.

Witness my hand this 29 day of April 1930Signature H. Bilmes M.D.House 580 Penna. Ave

17 I hereby certify that I have this ___ day of ___ 19___, performed an autopsy upon the body of said deceased, and that the cause of her death was as follows:

Signature H. Bilmes M.D.

Pathologist ___ Hospital ___

FILED

18 PLACE OF BURIAL Mount Hope Cem.DATE OF BURIAL April 30, 193019 UNDERTAKER L. J. Morris IncADDRESS 280 Sutter St

APR 30 1930.

1730

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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 33 and 90).

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 218).

3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

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

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

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

I hereby certify that I have been employed as undertaker by

Louis Chernin
(NAME)

the *father* of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

or the burial or cremation of the remains of deceased

Signature

Kenneth Bayly Chernin
J. Morris

CERTIFICATE OF DEATH

DEC 1 AM 11:23

Certificate No. 22997

1 PLACE OF DEATH

BOROUGH OF Brooklyn

Name of Institution Kings County Hospital Address 451 Clarkson Avenue

2 PRINT FULL NAME Benjamin Chervin

3 Residence (usual place of abode) No. 3815 Church Av Ave. St. Borough of Brooklyn
(If nonresident, give place and State)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) Married

6A WIFE } Clara Chervin
HUSBAND } OF

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

8 AGE 52 yrs. If LESS than 1 day, hrs. or min.?

9 OCCUPATION Trade, profession, or particular kind of work done, as Operator, Cloaks, Oct 1938
Industry or business in which work was done, as silk mill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year) Oct 1938

10 BIRTHPLACE (State or country) Russia

11 How long in U. S. (if of foreign birth) 27 yrs 12 How long resident in City of New York 27 yrs

13 NAME OF FATHER OF DECEDENT Morris Chervin

14 BIRTHPLACE OF FATHER (State or country) Russia

15 MAIDEN NAME OF MOTHER OF DECEDENT Rifka Rudnick

16 BIRTHPLACE OF MOTHER (State or country) Russia

17 INFORMANT (wife) Clara Chervin

21 PLACE OF BURIAL Mt Lebanon Cem

22 UNDERTAKER Beltschinsky Funeral Home

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 1st 1938
(Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on November 30th 1938, that I last saw him alive on the 1st day of December 1938, that he died on the 1st day of December 1938 about 7-45 o'clock A.M. or P.M.

The principal cause of death and related causes of importance were as follows: DURATION
Cerebral embolism
non-traumatic
Arricular Fibrillation
Arteriosclerotic Heart Disease
Other contributory causes of importance:
Idiopathic Epilepsy
non-traumatic

Name of operator _____ Date _____

What test confirmed diagnosis? _____ Was there an autopsy? _____
Signature Samuel Shusterman M. D.

20 Pathologist's Report (See Over)
Signature _____ M. D.

DATE OF BURIAL Dec 2, 1938

ADDRESS 45 East 7 St

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

TO PATHOLOGISTS

To assist the Department of Health in the proper classification of this death by cause, please add to your statement of findings a note concerning any of the clinical diagnoses, which were not confirmed at autopsy.

TO PHYSICIANS

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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 218).

3. If a person dies from **criminal violence** or by a **casualty** or by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws of 1915, Chapter 284, Section 2. In effect January 1, 1918.)

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

Abortion,
Cellulitis,
Childbirth,
Convulsions,

Hemorrhage,
Gangrene,
Gastritis,
Erysipelas,

Meningitis,
Metritis,
Miscarriage,
Peritonitis,

Phlebitis,
Pyæmia,
Septicæmia,
Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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, Composer, 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*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

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I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker herein by _____

of 3815 Church Ave who is the wife (relationship)

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) Walter Schuler funeral h.

Business Address 45 Cadz

Permit Number (Undertaker's) 2775

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 and State License number.

Walter Schuler State License No. 197

117752
5/11/21

7484
12/13/10/pt

32311
7-12-21

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 440 Bendish St. St.

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

Private

Registered No. 17871

2 FULL NAME

Chia Cherwin

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow16 DATE OF DEATH Aug 26, 1928
(Month) (Day) (Year)

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

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

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

9 BIRTHPLACE (State or country) Russia

(A) How long in U. S. (if of foreign birth) 7 yrs (B) How long resident in City of New York 7 yrs

10 NAME OF FATHER Meyer Cherwin

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Cohen

13 BIRTHPLACE OF MOTHER (State or country) Russia

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

Former or usual Residence }

15 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 May 1928 to Aug 26 1928, that I last saw her alive on the 25 day of Aug 1928, that death occurred on the date stated above at 3 A.M., and that the cause of death was as follows:

Myocarditis

duration 5 yrs. mos. ds.
Contributory (Secondary) Fracture of femurduration yrs. 4 mos. ds.
Witness my hand this 26 day of Aug 1928

Signature J. Schwartz M. D.

Address 604 Stone C

FILED

17 PLACE OF BURIAL

United Hebrew Cem.

DATE OF BURIAL

Aug. 26, 1928

18 UNDERTAKER

A. Dettobenedicti & Co. Inc. 55 Pitt St.

ADDRESS

Henry Bernbach #78

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

AUG 24 1928

TO PHYSICIANS

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3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)
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Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

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I hereby certify that I have been employed as undertaker by Rose Chervin (NAME)
the daughter (RELATIONSHIP) of deceased. This statement is made to obtain a permit
for the burial or cremation of the remains of deceased Chia Chervin

Signature A. Bretton
New York

Handwritten notes on the right margin: "Had been in the park this time & every doctor." and "(Horse)"

RECORDS
OF HEALTH
OF BROOKLYN

TO FUNERAL DIRECTORS

Certificate of Death

Certificate No. 11682

23 M 9:01

1. NAME OF DECEASED GEORGE CHERVIN NONE
(Print) First Name Middle Name Last Name Social Security No.

PERSONAL PARTICULARS (May be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State N.Y.
(b) Co. KINGS (c) Town or City BROOKLYN
(d) No. 904 WINTHROP St.
(e) Length of residence or stay in City of New York immediately prior to death 35 YRS.

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

4 WIFE HUSBAND } of ANNA

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) OCT 10 1887

6 AGE 55 yrs. 7 mos. 12 days hrs. or min.

7 OCCUPATION
A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. INSTALLMENT DEALER
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

8 BIRTHPLACE OF DECEDENT (State or country) RUSSIA 9 How long in U. S. (if of foreign birth) 35

10 IF DECEASED WAS VETERAN, NAME WAR No

11 NAME OF FATHER OF DECEDENT LOUIS

12 BIRTHPLACE OF FATHER (State or country) RUSSIA

13 MAIDEN NAME OF MOTHER OF DECEDENT IDA

14 BIRTHPLACE OF MOTHER (State or country) RUSSIA

15 SIGNATURE OF INFORMANT Frank J. Rudoy

RELATIONSHIP TO DECEASED son-in-law

ADDRESS 2150 E 23rd St Brooklyn

22 PLACE OF BURIAL OR CREMATION Montefiore

23 FUNERAL DIRECTOR I. V. Morosini ADDRESS 296 Sutter

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

16. PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough BROOKLYN
(c) Name of Hospital or Institution 904 WINTHROP ST.
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death 2 YRS

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) MAY 22 1943 1:05 A.M.

18 SEX MALE 19 Color or Race WHITE 20 Approximate Age 55

21. I HEREBY CERTIFY that I attended the deceased from DEC 1942 to MAY 22 1943, that I last saw him alive on MAY 21 1943 and that the facts stated in items 16-20 are correct.

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings). (Cross out terms that do not apply.)

Principal cause of death CORONARY THROMBOSIS DATE OF ONSET 1942

Contributory causes and other conditions ARTERIOSCLEROTIC HEART DISEASE

Autopsy: NONE Operation: NONE
Date of (If none, so state) Date of (If none, so state)

Condition for which performed:

Signature Jack P. Rudoy M. D. Address 377 Montgomery Date May 22, 1943

DATE OF BURIAL OR CREMATION May 23-1943

PERMIT NUMBER 1750

ORDER NO. 61294

TO FUNERAL DIRECTORS

Regulation 2, Section 46 of the Sanitary Code, provides that—“No permit to remove, ship, cremate or bury the remains shall 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.”

NUMBER 13089

FUNERAL DIRECTOR'S CERTIFICATE

SEARCHED

I hereby certify that I have been employed, without any solicitation on my part or that of any other person,

to dispose of the remains of George Chervin

by Anna Chervin of 904 W. 117th St.

who is the wife and the nearest surviving relative or next of kin of the deceased
(Relationship)

Name of permittee J. J. Morris Permit No. 173c

By J. J. Morris
(Signature of licensed manager or funeral director if other than permittee.)

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 in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. With this form of death certificate, it is not necessary for the Funeral Director to obtain a separate supplementary certification from the attending physician—Form 113-H, provided the following certification is completed.

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

(Required in connection with Telephone Application for Removal Permit.)

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

I hereby certify that the death of GEORGE CHERVIN
(Print Name of Deceased)

who died on May 22, 1943 at 904 W. 117th St.
(Date of Death) (Place of Death)

was not CAUSED, DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not one that should be reported to the Medical Examiner.

Date May 22, 1943 Jack P. Ruday
(Personal Signature of Physician)

*The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

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.

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. 2 granted by Katz
(Burial Clerk)

Date 5-22-43 Hour 2:50 (A.M.)
(P.M.) Morris
(Funeral Director)

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

Handwritten notes in left margin:
919
61294

BOROUGH OF BrooklynDepartment of Health of The City of New York
BUREAU OF RECORDSName of Institution Bronxville + E. New York Hosp

STANDARD CERTIFICATE OF DEATH

Register No. 30752 FULL NAME Isidore Chervin3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Widow15 DATE OF DEATH February 9, 1928
(Month) (Day) (Year)6 DATE OF BIRTH Feb. 9, 1928
(Month) (Day) (Year)7 AGE 50 yrs. mos. ds. or min. If LESS than 1 day, hrs. min.8 OCCUPATION (a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Russia(A) How long in U. S. (if of foreign birth) 20 yrs (B) How long resident in City of New York 20 yrs10 NAME OF FATHER Morris Aaron Chervin11 BIRTHPLACE OF FATHER (State or country) Russia12 MAIDEN NAME OF MOTHER Ethel Hurwitz13 BIRTHPLACE OF MOTHER (State or country) Russia

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

Former or usual residence } 446 E 95 St Bklyn

Where was disease contracted, if not at place of death?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on Feb 5, 1928 that I last saw him alive on the 9 day of Feb 1928, that he died on the 9 day of Feb 1928, about 8:45 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was: Suppurative Appendicitis, General Peritonitis, Paralytic ileusduration yrs. mos. ds. 7 ds.
Contributory (Secondary) Toxemiaduration yrs. mos. ds.
Witness my hand this 9 day of Feb 1928
Signature B. F. Glasser M.D.
House Surgeon17 I hereby certify that I have this 9 day of Feb 1928 performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature _____ M. D.

Pathologist _____ Hospital _____

FILED
FEB 10 192818 PLACE OF BURIAL United Hebrew CoDATE OF BURIAL Feb 10, 192819 UNDERTAKER Brettschneider Co
New Bernhart StADDRESS 55 Pitt St

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

9
26.

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Cellulitis,

Childbirth,

Convulsions,

Hemorrhage,

Gangrene,

Gastritis,

Erysipelas,

Meningitis,

Metritis,

Miscarriage,

Peritonitis,

Phlebitis,

Pyæmia,

Septicæmia,

Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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.

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I hereby certify that I have been employed as undertaker by

Harry C. Chervin
(NAME)

the *Son* of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Signature

Regina Chervin
Fritz Schneider
Ther. Sunbo

A

129045

14-B 25-2608-31-R.P.

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATHBOROUGH OF BklynNo. 2869-W 21 St. ST.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.3 family dwelling

Registered No.

6678

2 FULL NAME

Jacob Chemin3 SEX M 4 COLOR OR RACE W 5 SINGLE single
MARRIED,
WIDOWED,
OR DIVORCED
(If write the word)

13 DATE OF DEATH

March 21, 1934
(Month) (Day) (Year)5A. WIFE } OF
HUSBAND }6 DATE OF BIRTH October 9, 1915
(Month) (Day) (Year)7 AGE 18 yrs. 5 mos. 12 ds.
If LESS than
1 day, hrs.
or m in 7

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) Bklyn N.Y.(A) How long in
U. S. (if of for-
eign birth)(B) How long resi-
dent in City
of New York Life

PARENTS OF DECEASED

10 NAME OF FATHER Max Chemin11 BIRTHPLACE OF FATHER Russia
(State or country)12 MAIDEN NAME OF MOTHER Kate Miller13 BIRTHPLACE OF MOTHER Russia
(State or country)14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.

Usual Residence

15 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 March 13, 1934
to March 21, 1934, that I last saw him
alive on the 21 day of March, 1934
that death occurred on the date stated above at 9:10 P. M.,
and that the cause of death was as follows:

Rebar Pneumonia Bilateralduration yrs. mos. 8 ds.Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this day of 19

Signature Maurice R. Kleinberg M. D.Address 2084-61 St., Bklyn N.Y.

FILED

17 PLACE OF BURIAL

909 Bayview Cem

DATE OF BURIAL

March 22, 1934

18 UNDERTAKER

ADDRESS

367 Grand St

NO MUTILATED CERTIFICATE WILL BE RECEIVED

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 33 and 90).

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 218).

3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

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

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsey," 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, Composer, 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*; (a) *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.

I hereby certify that I have been employed as undertaker by Mr. Cheun
the Father of deceased. This statement is made to obtain a permit
for the burial or cremation of the remains of deceased Joseph Cheun

* Boyer Signature

Certificate of Death

Certificate No. **23763**

FILED

1942 DEC 18 AM 10:03

1. NAME OF DECEASED

William

Chervin 081-09-5324

(Print or Type/print) 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) City, Town or Village **BROOKLYN**

(d) No. **1953-65** Ave. St.

(e) Length of residence or stay in City of New York immediately prior to death **38 YEARS**

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

4 WIFE HUSBAND of **ROSE**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) **7 1 1882**

6 AGE **60** yrs. **5** mos. **16** days hrs. or min. If LESS than 1 day.

7 Occupation A Trade, profession, or particular kind of work done, as **TAILOR** *sawyer, bookkeeper, etc.*

B Industry or business in which work was done, as *silk mill, sawmill, bank, own business, etc.*

8 BIRTHPLACE OF DECEDENT: (a) State or Country **Poland** (b) County (c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH?

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR

11 NAME OF FATHER OF DECEDENT **Hyman Chervin**

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

13 MAIDEN NAME OF MOTHER OF DECEDENT **Ida Shagna**

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

15 SIGNATURE OF INFORMANT *Reba Chervin* RELATIONSHIP TO DECEASED **Daughter** ADDRESS **1953-65 St.**

22 PLACE OF BURIAL OR CREMATION **Mt. Hebron Cemetery** DATE OF BURIAL OR CREMATION **December 18, 1942**

23 FUNERAL DIRECTOR **Jacob Blum's Undr. Est. Inc.** ADDRESS **202 E. 125th St. NYC.** PERMIT NUMBER **3665**

16 PLACE OF DEATH: **Brooklyn**

(a) NEW YORK CITY: (b) Borough **Brooklyn**
(c) Name of Hospital or Institution **Isaac Zion Hospital**
(If not in hospital or institution, give street and number.)

(d) Length of stay at place of death immediately prior to death **79 days**

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) **Dec 17 1942 7:45 PM**

18 SEX **Male** 19 COLOR OR RACE **White** 20 Approximate Age **60 yrs**

21 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from **Sept 9 1942 to Dec 17 1942** and last saw **him** alive at **7:45 PM** on **Dec 17 1942**

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not apply)

Principal cause of death **Coronary infarction**
Hypertensive arteriosclerosis
Heart disease
Contributory causes and other conditions

Autopsy: **None** Operation: **None**
Date of (If none, so state) Date of (If none, so state)

Condition for which performed:
Signature **Irving Gachne** M. D.
Address **4802 Tenth Ave** Date **12/17/42**

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

Required in connection with Telephone Application for Removal Permit.

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

I hereby certify that the death of William Chervin
who died on Dec 17 1942 at Isaiah Wagon Hospital
(Print Name of Decedent) (Date of Death) (Place of Death)

was not * CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF AN
KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY
SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not one that should be
reported to the Medical Examiner.

Date Dec 17, 1942 Irving Yachos, M.D.
(Personal Signature of Physician)

* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

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

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."

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 in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in
his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan,
when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission
may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit.
If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is NOT
necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person
to dispose of the remains of William Chervin

by Rose Chervin of 1953-65th St.
who is the wife and the nearest surviving relative or next of kin of the deceased
(Relationship)

Name of permittee Jacob Blum's Undertaking Estab. Inc Permit No. 3665

By Jacob Blum
(Signature of licensed manager or funeral director if other than permittee.)

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. 7 granted by Holtz
(Funeral Director) (Burial Clerk)
Date 12/17/42 Hour 10:30 (A.M.) (P.M.)
Jacob Blum
(Funeral Director)

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

INDEX NO. 310194
DATE 1-5-43
NUMBER INSURED 1
SEARCHER