

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Register No.

10266

1 PLACE OF DEATH

BOROUGH OF

Bklyn

Name of Institution

Bklyn State Hospital

Address of Institution

681 Clarkson Ave

2 PRINT FULL NAME ROSALINA CARENAO

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE,

MARRIED, WIDOWED,
or DIVORCED
(Write the word)

widowed

15 DATE OF DEATH

May

6, 1934

(Month)

(Day)

(Year)

5A WIFE

HUSBAND } OF

6 DATE OF BIRTH
OF DECEDENT

(Month)

(Day)

(Year)

7 AGE

82

yrs.

mos.

ds.

If LESS than

1 day, hrs.

or min.

8 OCCUPATION

(a) Trade, profession or
particular kind of work

housewife

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

(c) No. of years so occupied

9 BIRTHPLACE

(State or country)

Italy

(9) How long in

(A) U. S. (if of for-
eign birth)

20 yrs

(9) How long resident in City

of New York

13 yrs

PARENTS OF DECEASED

10 NAME OF
FATHER
OF DECEDENT

Silvestro Varallo

11 BIRTHPLACE
OF FATHER
(State or country)

Italy

12 MAIDEN NAME
OF MOTHER
OF DECEDENT

Concetta Cioccollo

13 BIRTHPLACE
OF MOTHER
(State or country)

Italy

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

Usual residence

145-39 Bleecker Ave

INFORMANT:

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 Apr 26 1934, that I last saw her alive on the 6 day of May 1934, that She died on the 6 day of May 1934, about 7 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:

Chronic Myocarditis

duration yrs. mos. ds.

Contributory General Atherosclerosis

(Secondary)

duration yrs. mos. ds.

Operation? State kind

Witness my hand this 7 day of May 1934Signature Thomas D. Bremer M.D.House Physician

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 h.....death was as follows:

Signature.....M.D.

Pathologist.....Hospital

FILED

18 PLACE OF BURIAL

St. John's Cem.

19 UNDERTAKER

Florence F. Simonson

DATE OF BURIAL

May 9, 1934

ADDRESS 94-19-101 Ave

Woodhams Wy

594

MAY 7 1934

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,
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

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, without any solicitation on my part or that of any other person, as undertaker herein by Antonetta Mercogliano

of 145-39 Glenboro Ave. who is the Daughter (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) Clarence F. Siquous

Business Address 94-15-101 Ave Woodhams

Permit Number (Undertaker's) # 594

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.

State License No. _____