

1889
1880.1

Department of Health of the City of Brooklyn. 10522

CERTIFICATE OF DEATH.

Name, *Henrich Millecker*

Age, *7* years, *7* months, *7* days.

Sex, Male, Female* *4*. — White, Colored*

Married, Single, Widower*

Birthplace, *Bavaria*

7.—Occupation, *Table-Mount*

9.—How long resident in City, *7* years.

10.—Father's Birthplace, *Darmstadt*

11.—Mother's Birthplace,

Place of Death, *No. *St Catharine Hospital* Brooklyn, Ward, *18*

13.—Number of Families in House, 14.—On what Floor,

I HEREBY CERTIFY that I attended the deceased from *July 9*, 188*9*, to *July 15th*, 188*9*

that I first saw him *live* on the *13th* day of *July*, 188*9*; that he died on the

15th day of *July*, 188*9*, about *9:30* o'clock, *A.M.* or P. M., and that the following was the

Cause of Death, * *Septicemia* *Don't know*

Time from Attack till Death,

Don't know

This Certificate delivered to *Keator* at *10:20* *July 16th*, 188*9*.

Signed by *William H. Leo* M. D.,
Medical Attendant,

No. *St Catharine Hospital* Street or Avenue,
Address.



See other side for explanations and directions.

17.—Place of Burial, Holy Trinity Cemetery.

18.—Date of Burial, 11th day of July 1859 In case of contagious diseases, _____ A. M. or P. M.

19.—Undertaker, Leopold & Burroughs Place of Business, 109 Pennsylvania Ave

10522

* Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

3, 4, 5, 15.—Draw a line through the words *not required* on these lines.

6, 10, 11.—Insert name of State or Country.

12.—If in a *Public Institution*, please state its name and erase line 13.

16.—I. Name the *Organic, Principal, or most influential* Disease or Injury. If an autopsy was made, please so state.

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the manner (Asphyxia, Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) if the disease was Puerperal in origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles, Typhoid Fever, Typhus Fever, Yellow Fever, etc.

NOTE TO UNDERTAKERS.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for the violation of these rules.

Office for Burial Permits, Municipal Department Building.

Hours from 9 to 4. Sundays and Holidays, 9 to 12.