

# Certificate of Death

Certificate No. **6484**

1939 JUL 5 AM 11 04

1. NAME OF DECEASED (Print) **REGINA**  
First Name

**HOLZMAN**  
Middle Name Last Name

### PERSONAL AND STATISTICAL PARTICULARS (May be filled in by Funeral Director)

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

2 USUAL RESIDENCE:  
(If non-resident, give place and state) Borough **Bronx**  
No. **793 Crotona Park North** Ave. St.

16 PLACE OF DEATH: Borough **Bronx**  
No. **Morrison City Hospital**  
(If in hospital or other institution, give name instead of street and number)

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
**July 5 1939 3A.M.**

4 WIFE (husband) of **Morris Holzman**

18 SEX **Female** 19 COLOR OR RACE **White** 20 APPROXIMATE AGE **60**

5 DATE OF BIRTH (Month) (Day) (Year)  
OF DECEDENT , 1

I HEREBY CERTIFY that I attended the deceased from **June 30 1939** to **July 5 1939**; that I last saw her alive on **July 5 1939** and that the facts stated in items 16-20 are correct.

6 AGE **60** yrs. mos. das. hrs. or min. If LESS than 1 day,

I further certify that death did NOT occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner.

7 OCCUPATION  
A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. **Housewife**  
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Own Home**  
C Date deceased last worked at this occupation (month and year)  
D Total time (years) spent in this occupation

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

8 BIRTHPLACE (State or country) **Austria**

Principal cause of death **Lobar Pneumonia** DATE OF ONSET

9 How long in U. S. (if of foreign birth) **57 yrs** 10 How long resident in City of New York **58 yrs**

Contributory causes and other conditions **Diabetes Mellitus**

11 NAME OF FATHER OF DECEDENT **David Weiss**

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

13 MAIDEN NAME OF MOTHER OF DECEDENT **Helen Greenbaum**

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

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

15 SIGNATURE OF INFORMANT **Morris Holzman**

Condition for which performed:

RELATIONSHIP TO DECEASED **Husband**

Dates of laboratory tests: Signature **Leonard Stein Halperin** M. D.

ADDRESS **793 Crotona**

Address

24 PLACE OF BURIAL OR CREMATION **St. Helbron Cem.**

DATE OF BURIAL OR CREMATION **July 6, 1939**

25 FUNERAL DIRECTOR **Medlow Memorial Chgo.**  
**David Louis B. ...**

ADDRESS **171 W 85 St** PERMIT NUMBER **2629**

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

**TO FUNERAL DIRECTORS**

ORDER NO. 8  
DATE 7-15-58  
NUMBER ISSUED 3

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."

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. The death certificate of a child under 5 will not be accepted unless the date of birth is given in Item 5 and the age is correctly stated in Item 6. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

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, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is not necessary for the Funeral Director to obtain the supplementary certification from the attending physician—Form 113-H—that death was not due to a cause that must be referred to the Office of the Chief Medical Examiner for investigation.

**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 R Regina Halzma

by Morris Halzman of 797 Colman Pk North

who is the Husband 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.

Name of permittee WILLOW MEMORIAL CHAPEL Permit No. 2624  
DAVID REICH CO., Inc.

By Iwiny Seng  
(Signature of licensed manager of funeral director if other than permittee.)

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

Telephone Removal No. \_\_\_\_\_ granted by \_\_\_\_\_ (Burial Clerk)

Date \_\_\_\_\_ Hour \_\_\_\_\_ (A.M.)  
\_\_\_\_\_ (P.M.) (Funeral Director)

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