

Certificate of Death

Certificate No. **9671**

1938 NOV 7 PM 2 35

1. NAME OF DECEASED (Print)

LUDWIG

KAUTZ

First Name

Middle Name

Last Name

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

2 USUAL RESIDENCE:
(If non-resident, give place and state)

Borough **Bronx**

No. **2219 Starling**

Ave. **See**

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

Widowed

4 WIFE } of

5 DATE OF BIRTH OF DECEDENT

(Month) (Day) (Year)

6 AGE

77 yrs. mos. das.

If LESS than 1 day, hrs. or min.

7 OCCUPATION A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc.

Upholsterer

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

Upholstery

C Date deceased last worked at this occupation (month and year)

Aug 1923

D Total time (years) spent in this occupation **45 yrs**

8 BIRTHPLACE (State or country)

Austria

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

34 years

10 How long resident in City of New York

34 years

11 NAME OF FATHER OF DECEDENT

John Kautz

12 BIRTHPLACE OF FATHER (State or country)

Austria

13 MAIDEN NAME OF MOTHER OF DECEDENT

Katherine Fischer

14 BIRTHPLACE OF MOTHER (State or country)

Austria

15 SIGNATURE OF INFORMANT

Rose Cozens

RELATIONSHIP TO DECEASED

Daughter

ADDRESS

1175 Wyse Ave.

24 PLACE OF BURIAL OR CREMATION

St. Michaels Cemetery

DATE OF BURIAL OR CREMATION

Nov. 8, 1938

25 FUNERAL DIRECTOR

Frederick W. E. Engel

ADDRESS

315 East 83 St.

PERMIT NUMBER

1444

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

16 PLACE OF DEATH: Borough

Bronx

No. **2219 Starling**

Ave. **See**

17 PREMISES—HOSPITAL, TENEMENT, PRIVATE HOUSE, HOTEL, ETC. (If institution, give name)

Private House

18 DATE OF DEATH

(Month) (Day) (Year)

November 6, 1938

19 SEX

Male

20 COLOR OR RACE

White

21 CHILD ADULT (Cross out one)

22 I HEREBY CERTIFY that I attended the deceased from **October 21, 1936** to **November 6, 1938**;

that I last saw him alive on **November 4, 1938**, and that death occurred on the date stated above at **6 A. M.**

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.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis

DURATION

2 years

Cerebral hemorrhage

1 hour

Other contributory causes of importance:

Chronic Rheumatism

10 months

Autopsy:

Date of

Operation:

Date of

Name of Operation

What test confirmed diagnosis?

Witness my hand this **6th** day of **November**, 19**38**

Signature **John V. Bodik** M. D.

Address **464 East 159 Street**

23 Pathological Diagnosis

Signature _____ M. D.

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."

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 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 undertaker 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 Ludwig Kautz
by Rosi Cozens of 1175 Wyck 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) Richard R. Blumhardt Permit No. 1944
Business Address 315 East 83 St N.

To Be Filled In by the Undertaker When Obtaining Removal Permit by Telephone

Telephone Removal No. 4 granted by Dr. Engelberg
Date 11/6/1938 Hour 12 (A.M.) (P.M.) 12
Frederick W. Engel
(Undertaker)

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