

DEPARTMENT OF HEALTH
BOROUGH OF BRONX

973 JAN 31 PM 4 09

CERTIFICATE OF DEATH

1108 *

1 PLACE OF DEATH: BOROUGH OF Bronx

No. 1082 Longfellow Ave. 1082 Longfellow Character of premises, whether tenement, private, hotel, etc. Tenement

2 FULL NAME (PRINT) ROSA KAUTZ

First Name Middle Name Last Name

3 Residence (usual place of abode) 1082 Longfellow Ave. 1082 Longfellow Borough of Bronx
(If nonresident, give place and State) No.

PERSONAL AND STATISTICAL PARTICULARS

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

6A WIFE Ludwig Kautz

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

8 AGE OF DECEDENT 72 yrs. mos. da. If LESS than 1 day hrs. min.?

9 OCCUPATION
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home
C Date deceased last worked at this occupation (month and year) January, 1938 D Total time (years) spent in this occupation 51 yrs

10 BIRTHPLACE (State or country) Hungary

11 How long in U. S. (if of foreign birth) 33 years 12 How long resident in City of New York 33 years

PARENTS OF DECEDENT
13 NAME OF FATHER OF DECEDENT Mathew Meszaros
14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) Hungary
15 MAIDEN NAME OF MOTHER OF DECEDENT Marie Strazza
16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) Hungary

17 INFORMANT Husband

21 PLACE OF BURIAL St. Michael's Cemetery

22 UNDERTAKER New York Undertaking Co. Inc.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29, 1938
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended the deceased from January 34, 1934 to January 29, 1938
I last saw her alive on January 28, 1938; death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:
Apoplexy cerebri
Arteriosclerosis with hypertension
Duration 12 hours
4 years

Other contributory causes of importance:

Name of operation

Date

What test confirmed diagnosis? General examination, Necropsy, Urine analysis

Was there an autopsy? No

Signature John G. Codik, M. D.

Address 464 East 159 Street

DATE OF BURIAL Feb. 1, 1938

ADDRESS 348 E. 79 St

CITY OF NEW YORK

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

New York City (New York) Department of Health, Certificate of Death, Certificate 1108, Rosa Kautz, died 29 January 1938 in the Bronx; FHL Microfilm 2194204.

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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."

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker to dispose of the remains of Rosa Kautz by Indring Kautz of 4082 Langfellow Ave 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. (Signature) New York Undertaking Co Business Address 348 E. 79 St Permit No. 3056

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. Rene Fleese State License No. 2022

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 in his possession at the time of telephoning, the following documents: (a) the certificate of death and (b) the physician's supplementary certification.

PHYSICIAN'S SUPPLEMENTARY CERTIFICATION

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

DEATHS THAT ARE EVEN REMOTELY ASSOCIATED WITH AN EARLIER ACCIDENT, MUST BE REFERRED TO THE MEDICAL EXAMINER.

If death has not been contributed to or caused by homicide, suicide, accident, acute or chronic poisoning, abortion, puerperal sepsis, or any suspicion of those conditions, and the funeral director desires to obtain removal permission by telephone, the physician will execute the following certification:—

I hereby certify that the death of Rosa Kautz (Print Name of Decedent) who died on January 29, 1938 (Date of Death), at 1082 Langfellow Ave (Place of Death) has not been contributed to or caused by any of the conditions mentioned in the above list. D. John G. Codick (Personal Signature of Physician), Address 464 East 159 Street

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date Jan 29 Hour 8:45 (A.M.) (P.M.) Telephone Removal No. 493 granted by New York Undertaking Co (Burial Clerk) (Undertaker) R. Fleese