

1938 NOV 7 PM 2 35

Certificate of Death

Certificate No. **9671**

1. NAME OF DECEASED (Print)

LUDWIG

KAUTZ

First Name

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)
No. **2219 Starling** Borough **Bronx** Ave. **58**

16 PLACE OF DEATH: Borough **Bronx**
No. **2219 Starling** Ave. **58**

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

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

4 WIFE } of
HUSBAND }

18 DATE OF DEATH (Month) **November** (Day) **6** (Year) **1938**

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

19 SEX **Male** 20 COLOR OR RACE **White** 21 ~~CHILD~~ **ADULT** (Cross out one)

6 AGE **77** yrs. mos. das. If LESS than 1 day, hrs. or min.

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

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

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

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

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.

C Date deceased last worked at this occupation (month and year) **Aug 1923** D Total time (years) spent in this occupation **45 yrs**

The principal cause of death and related causes of importance were as follows:
Generalized Arteriosclerosis DURATION **2 years**
Cerebral hemorrhage **1 hour**

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

Other contributory causes of importance:
Chronic Rheumatism **10 months**

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**

Autopsy: Date of _____ Operation: Date of _____

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

Name of Operation _____

13 MAIDEN NAME OF MOTHER OF DECEDENT **Katherine Fischer**

What test confirmed diagnosis? _____

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

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

15 SIGNATURE OF INFORMANT **Rose Cozens**

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

RELATIONSHIP TO DECEASED **Daughter**

Address **464 East 159 Street**

ADDRESS **1175 Wyse Ave.**

23 Pathological Diagnosis _____

Signature _____ M. D.

24 PLACE OF BURIAL OR CREMATION **S. Michaels Cemetery**

DATE OF BURIAL OR CREMATION **Nov. 8, 1938**

25 FUNERAL DIRECTOR **Fred W. E. Engel** ADDRESS **315 East 83 St.**

PERMIT NUMBER **1444**

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, Asiatic 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 Vyse 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. Blau Permit No. 1444
 Business Address 315 East 83rd St.

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

Telephone Removal No. 4 granted by Dr. Engelberg (Medical Clerk)
 Date 11/6/1938 Hour 12 (A.M.) 10 (P.M.) Frederick W. Engel (Undertaker)

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

New York City (New York) Department of Health, Certificate of Death, Certificate 9671, Ludwig Kautz, died 6 November 1938 in the Bronx; FHL Microfilm 2194891.

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