

DEPARTMENT OF HEALTH
BOROUGH DIRECTOR

CERTIFICATE OF DEATH

1108

079 JAN 31 PM 4 09

1 PLACE OF DEATH: BOROUGH OF Bronx CERTIFICATE NO. 1108*

No. 1082 Longfellow Ave. 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) (If nonresident, give place and State) No. 1082 Longfellow Ave. Se Borough of Bronx

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
4 SEX <u>Female</u>	5 COLOR OR RACE <u>White</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	18 DATE OF DEATH <u>January 29</u> , 19 <u>38</u> (Month) (Day) (Year)	
6A WIFE } OF <u>Ludwig Kautz</u> HUSBAND }			19 I HEREBY CERTIFY, That I attended the deceased from <u>January 34</u> , 19 <u>34</u> to <u>January 29</u> , 19 <u>38</u> I last saw her alive on <u>January 28</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>5:20 p.m.</u>	
7 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)			The principal cause of death and related causes of importance were as follows: Duration	
8 AGE OF DECEDENT <u>72</u> yrs. mos. da. or min.?			<u>Apoplexy cerebri</u> 12 hours	
9 OCCUPATION A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B Industry or business in which work was done, as silk mill, sawmill, bank, etc. C Date deceased last worked at this occupation (month and year) <u>January, 1938</u> D Total time (years) spent in this occupation <u>5 1/2</u>			<u>Arteriosclerosis with hypertension</u> 4 years	
10 BIRTHPLACE (State or country) <u>Hungary</u>			Other contributory causes of importance:	
11 How long in U. S. (if of foreign birth) <u>33 years</u>			Name of operation	
12 How long resident in City of New York <u>33 years</u>			Date	
13 NAME OF FATHER OF DECEDENT <u>Mathew Meszaros</u>			What test confirmed diagnosis? <u>General examination, Proscopy, uric analysis</u>	
14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) <u>Hungary</u>			Was there an autopsy? <u>No</u>	
15 MAIDEN NAME OF MOTHER OF DECEDENT <u>Marie Strazza</u>			Signature <u>John G. Codik, M. D.</u>	
16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) <u>Hungary</u>			Address <u>464 East 159 Street</u>	
17 INFORMANT <u>Husband</u>			DATE OF BURIAL <u>Feb. 1</u> , 19 <u>38</u>	
21 PLACE OF BURIAL <u>St. Michael's Cemetery</u>			ADDRESS <u>348 E. 79 St</u>	
22 UNDERTAKER <u>New York Undertaking Co. Inc.</u>			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 Isidore Kautz of 1082 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 Flever State License No. 2072

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 at 1082 Langfellow Ave
(Date of Death) (Place of Death)

has not been contributed to or caused by any of the conditions mentioned in the above list.
D. John G. Cochrane Address 464 East 159 Street
(Personal Signature of Physician)

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date Jan 29 Hour 8:45 (A.M.) (P.M.)

Telephone Removal No. 493 granted by _____

(Burial Clerk)
New York Undertaking Co
(Undertaker) R. Flever