

1943  
death

BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
CITY OF BROOKLYN

# Certificate of Death

Certificate No. **15540**

FILED

1945 AUG 6 PM 2:48 *Kaba*

*Scheiner*

1. NAME OF DECEASED  
(Print or Typewrite) First Name Middle Name Last Name Social Security Number

### PERSONAL PARTICULARS (To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State *N.Y.*  
(b) Co. *Kings* (c) City, Town or Village  
(d) No. *1408 Sterling Pl.* Ave. St.  
(e) Length of residence or stay in City of New York immediately prior to death *15 yrs*

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

4 WIFE HUSBAND } of *Shulim*

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

6 AGE *81* yrs. mos. days If LESS than 1 day, hrs. or min.

7 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, own business, etc.*

8 BIRTHPLACE OF DECEDENT: (a) State or Country *Russia*  
(b) County (c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? *U.S.A.*

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR *no*

11 NAME OF FATHER OF DECEDENT *Moisha Polikoff*

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

13 MAIDEN NAME OF MOTHER OF DECEDENT *Rashkoff*

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

15 SIGNATURE OF INFORMANT *Frank Scheiner* RELATIONSHIP TO DECEASED *Son*

22 PLACE OF BURIAL OR CREMATION *ACACIA CEM.*

23 FUNERAL DIRECTOR *Sam Rosenberg* ADDRESS *34 W 170th St*

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

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough *Brooklyn*  
(c) Name of Hospital or Institution  
(d) Length of stay at place of death immediately prior to death *1408 Sterling Pl*

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) *Aug 6 1945 7A M.*

18 SEX *Female* 19 COLOR OR RACE *White* 20 Approximate Age *81 yr*

21. I HEREBY CERTIFY that (I attended the deceased)\* (a staff physician of this institution attended the deceased)\* from *Aug 5 1945* to *Aug 6 1945* and last saw him alive at *1A M on 6 Aug 1945*

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

Principal cause of death *Arteriosclerosis* DATE OF ONSET *1935*

Contributory causes and other conditions *Cerebral hemorrhage Aug 5 '45*

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

Condition for which performed:

Signature *Paul H. Slate* M. D.

Address *1365 Cornell St* Date *Aug 6 '45*

ADDRESS *3919-45 St, Queens, N.Y.*

DATE OF BURIAL OR CREMATION *Aug 7 1945*

PERMIT NUMBER *3969*

BUREAU OF VITAL RECORDS AND STATISTICS  
*Mr. Davis*

DEPARTMENT OF HEALTH

CITY OF NEW YORK

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

Required in connection with Telephone Application for Removal Permit.

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

I hereby certify that the death of KALA SCHEINER  
 (Print Name of Decedent)  
 who died on AUG 6, 1945, at 1408 STERLING PLACE  
 (Date of Death) (Place of Death)

was not \* CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not \* one that should be reported to the Medical Examiner.

Date Aug 6, 1945 Janus  
 (Personal Signature of Physician)

\* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

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."

**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 in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan, when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is NOT necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

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 KALA SCHEINER  
 by SHULIM SCHEINER of 1408 STERLING PL  
 who is the HUSBAND and the nearest surviving relative or next of kin of the deceased.  
 (Relationship)

Name of permittee Dan + Primitia Permit No. 3969  
 By [Signature]  
 (Signature of licensed manager or funeral director if other than permittee.)

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

Telephone Removal No. 2 granted by FRANK  
 (Burial Clerk)  
 Date Aug 6 Hour 10:10 (A.M.)  
 (P.M.) AARONS & ROSENSTOCK  
 FUNERAL DIRECTORS

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

3625-48  
 9/19/46

BUREAU OF RECORDS  
 DEPARTMENT OF HEALTH  
 BOROUGH OF MANHATTAN  
 FILED  
 045 AUG 4  
 1. NAME OF DECEASED  
 (Print or Type)  
 PE  
 (T)  
 2 USUAL RESIDENCE:  
 (b) Co. HIND  
 (d) No. 715  
 (e) Length of residence in New York immed  
 3 SINGLE, MARRIED, WIDOWED OR DIVORCED (write t  
 4 WIFE } of f  
 HUSBAND }  
 5 DATE OF BIRTH OF DECEASED  
 6 AGE 76 yrs.  
 A Trade, profession, kind of work done  
sawyer, book  
 B Industry or business in which work was done  
sawmill, ban  
 8 BIRTHPLACE OF DECEASED: (a) State  
 (b) County  
 9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH?  
 10 WAS DECEASED A WAR VETERAN? IF SO, NAME WAR  
 11 NAME OF FATHER OF DECEASED A  
 12 BIRTHPLACE OF FATHER (State or country)  
 13 MAIDEN NAME OF MOTHER OF DECEASED S  
 14 BIRTHPLACE OF MOTHER (State or country)  
 15 SIGNATURE OF INFORMANT  
[Signature]  
 22 PLACE OF BURIAL OR CREMATION  
 23 FUNERAL DIRECTOR  
[Signature]  
 BUREAU OF RECORDS