

Certificate of Death

Certificate No. 7755

1940 NOV 13 AM 10 28

1. NAME OF DECEASED ANNA LORETTA PATTERSON
(Print) First Name Middle Name Last Name Social Security No.

PERSONAL PARTICULARS
(May be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York
(b) Co. Queens (c) Town or City N.Y.C.
(d) No. 80-15 87th Ave.
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death Life

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

4 WIFE } of Stephen
~~HUSBAND~~

5 DATE OF BIRTH OF DECEASED (Month) (Day) (Year) Nov 1 1940

6 AGE 57 yrs. mos. days hrs. or min. If LESS than 1 day, _____

7 OCCUPATION
A Trade, profession, or particular kind of work, as Housewife
B Industry or business in which work was done, as Own home

8 BIRTHPLACE OF DECEASED (State or country) U.S. 9 How long in U. S. (if of foreign birth) -

10 IF DECEASED WAS VETERAN, NAME WAR -

11 NAME OF FATHER OF DECEASED George Daniels

12 BIRTHPLACE OF FATHER (State or country) U.S.

13 MAIDEN NAME OF MOTHER OF DECEASED Annie McIntire

14 BIRTHPLACE OF MOTHER (State or country) U.S.

15 SIGNATURE OF INFORMANT Kathryn Kearney

RELATIONSHIP TO DECEASED Daughter

ADDRESS 80-15 87th Ave

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

16. PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Queens
(c) Name of Hospital or Institution 80-15 87th Ave
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death 1 yr.

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
Nov 12 1940 102 M.

18 SEX Female 19 Color or Race White 20 Approximate Age 57

21. I HEREBY CERTIFY that I attended the deceased from Nov 1939 to Nov 12 1940

that I last saw h. aw alive on Nov 12 1940, and that the facts stated in items 16-20 are correct.

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 Atrophic cirrhosis of the liver DATE OF ONSET 1938

Contributory causes and other conditions Secondary anemia. Jan. 1940

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

Condition for which performed: _____

Signature Andrew H. Hangarter M. D.

Address 264 Graham Ave Date 11/12/40

22 PLACE OF BURIAL OR CREMATION Holy Cross Cemetery

DATE OF BURIAL OR CREMATION Nov 15 1940

23 FUNERAL DIRECTOR George McHugh

ADDRESS 1016 Bedford Ave PERMIT NUMBER 1214

79221
4-2365
108

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury 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 to dispose of the remains of Anna L. Patterson
 by Stephen Patterson of 8015 87th Ave Woodhull, N.Y.
 who is the Husband and the nearest surviving relative or next of kin of the deceased
 (Relationship)
 Name of permittee George McHugh Funeral Home Permit No. 1214
 By George McHugh
 (Signature of licensed manager of funeral director if other than permittee.)

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. With this form of death certificate, it is **not** necessary for the Funeral Director to obtain a separate supplemental certification from the attending physician—Form 113-H, provided the following certification is completed.

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 _____
 (Print Name of Decedent)
 who died on _____, at _____
 (Date of Death) (Place of Death)

_____ * CAUSED, DIRECTLY OR INDIRECTLY, BY ACCIDENT OR IN AN
 KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN AN
 SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person _____* one that should be reported to the Medical Examiner.

Date _____
 (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 or by a casualty or by a suicide, or suddenly while in apparent health, or 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.

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

Telephone Removal No. None granted by _____ (Burial Clerk)
 Date _____ Hour _____ (A.M.) (P.M.)
 (Funeral Director)

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