

## 1 PLACE OF DEATH

BOROUGH OF ManhattanSTATE OF NEW YORK  
Department of Health of The City of New York  
BUREAU OF RECORDS

## STANDARD CERTIFICATE OF DEATH

No. Ritz Tower - 57<sup>th</sup> and Park St.

25363

Character of premises,  
whether tenement, private,  
hotel, hospital, or other place, etc.Apartment house

Registered No. \_\_\_\_\_

## 2 FULL NAME

Joseph Francis Moran

## 3 SEX

Male

## 4 COLOR OR RACE

White5 SINGLE  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

## 15 DATE OF DEATH

Oct. 21, 1929  
(Month) (Day) (Year)

## 6 DATE OF BIRTH

\_\_\_\_\_, 1\_\_\_\_\_, 19\_\_\_\_\_  
(Month) (Day) (Year)

## 7 AGE

51 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
IF LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of workPresident of Atlantic Basin Iron(b) General nature of industry,  
business or establishment in  
which employed (or employer)work.9 BIRTHPLACE  
(State or country)USA(A) How long in  
U. S. (if of for-  
eign birth)—(B) How long resi-  
dent in City  
of New York4 yrs

## PARENTS OF DECEASED

10 NAME OF  
FATHERWilliam Moran11 BIRTHPLACE  
OF FATHER  
(State or country)Ireland12 MAIDEN NAME  
OF MOTHERBridget13 BIRTHPLACE  
OF MOTHER  
(State or country)Ireland14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.Former or  
usual Residence } \_\_\_\_\_16 I hereby certify that the foregoing particulars  
(Nos. 1 to 14 inclusive) are correct as near as the  
same can be ascertained, and I further certify that  
I attended the deceased from July 1929  
to Oct 21, 1929, that I last saw him  
alive on the 19 day of Oct, 1929,  
that death occurred on the date stated above at 11:30 A.M.,  
and that the cause of death was as follows:Myocarditisduration 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.Contributory  
(Secondary)Arteriosclerosis  
Primary diseaseduration \_\_\_\_ yrs. 6 mos. \_\_\_\_ ds.Witness my hand this 21 day of Oct, 1929Signature Don H. Witt M. D.Address 815 E 61

FILED

## 17 PLACE OF BURIAL

JERSEY CITY N.J.  
HOLY NAME REL. VAULT

## DATE OF BURIAL

OCT. 24, 1929

## 18 UNDERTAKER

Frank E. Campbell#112

## ADDRESS

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NO MUTILATED CERTIFICATE WILL BE RECEIVED96  
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### TO PHYSICIANS

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1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from criminal violence or by a casualty, or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Ch. 284, Sec. 2. In effect Jan. 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Colitis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsey," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations, a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

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### TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Adelise Morera (NAME) wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit for the burial or cremation of the remains of deceased Joseph F. Morera

Signature Frank E. Campbell  
THE FUNERAL CHURCH,  
Edwin H. Blaton atty

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NO MUTILATED CERTIFICATE WILL BE RECEIVED