Abraham Chshunstofsky Thorner b: 1860 -1865 Kikol, Russia; d. Aug 7, 1937, Brooklyn, NY +Simma/Simla/Celia b: 1860 or April 10, 1866 Kikol, Russia; d. Feb 3, 1943, Bronx, NY

Parents

Yehuda Leib Chshunstofsky or Leon Thorner +D. ? or Sarah

Children

Louis Thorner (1887 Kikol-) Ruth (Rifka) Thorner (1887-) Max Thorner (29 Jan 1888-May 1978) Henry (Hyman, Chaim) Thorner (1892 Kikol-) Theodore (Towia) Thorner b: 1893 or 1895 Kikol, Russia-1962 Leon (Leib) Thorner b. 1895 Kikol, Russia Jacob Thorner b: 1896 Kikol-)

Abraham Birth 1860 per 1920 Census; 1863 per 1911 Manifest; 1865 per death certificate

December 18-27, 1911 Immigration Rotterdam to NYC SS Rijndam

[Going to join sons Louis and Max Thorner, 1402 Ashford Street, Brooklyn]

Abraham Thorner, age 48 [Place of Birth: Kikol, Russia] Sime Thorner, age 45 Leib Thorner, age 16 Jacob Thorner, age 15

January 3, 1920 Census 238 Hart Street, Brooklyn Assembly District 6, Kings, New York

Abraham Thorner 60 Celia Thorner 60 Theodore Thorner 25 Leon Thorner 24

1925 Census 238 Hart Street, Brooklyn

Name: Abraham Thorner Birth Date: abt 1857 Birth Place: Russia Name: Zemla Thorner Birth Date: abt 1857 Birth Place: Russia

1930 Census 238 Hart Street, Brooklyn (also residence of Theodore Thorner & family)

Abraham Thorner	70
Sarah Thorner	70
Leon Thorner	32
Henry Thorner	38
Dora Thorner	37
Irving Thorner	12
Edna Thorner	7

August 7, 1937 Death Thorner Abraham 72 y [birth 1865] Certificate: 16879 Kings County, NY

April 3, 1940 Census 238 Hart Street, Brooklyn

head	Theodore Thorner	Μ	45	Russia
wife	Adele Thorner	F	40	Russia
son	Paul Thorner	Μ	18	New York
son	Herbert Thorner	Μ	14	New York
daughter	Anita Sue Thorner	F	3	New York
mother	Simila Thorner	\mathbf{F}	70	Russia

February 3, 1943 Death Thorner, Simle 76 y Certificate: 1349 Bronx

Passenger Lists of Vessels Arriving at New York, New York

First Name: Abraham Last Name: Thorner Ethnicity: Russia Hebrew Last Place of Residence: Kikol, Russia Date of Arrival: Dec 27, 1911 Age at Arrival: 48 Birth Year: abt 1863 Gender: M Marital Status: M Ship of Travel: Rijndam Port of Departure: Rotterdam, Holland [Occupation: Book keeper]

[Name, address of nearest relative in country of origin: mother D Thorner, Waclawek, Russia] http://data.jewishgen.org/wconnect/wc.dll?jg~jgsys~shtetlmaster2

Wloclawek http://data.jewishgen.org/wconnect/wc.dll?jg~jgsys~shtetlmaster2

[Final Destination: Brooklyn]
[Going to join relatives Louis and Max Thorner, 1402 Ashford Street, Brooklyn]
[Place of Birth: Kikol, Russia]
Manifest Line Number: 0010

[Departure: Rotterdam, December 18, 1911]

Port of Arrival: New York, New York

Line 0011 **Sime Thorner**, age 45 Line 0012 **Leib Thorner**, age 16 Line 0013 **Jacob Thorner**, age 15

Source Citation: Year: 1911; Microfilm Serial: T715; Microfilm Roll: T715_1790; Line: 10; Page Number: 135. **Source Information:** Ancestry.com. New York Passenger Lists, 1820-1957 [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010.

Original data: Passenger Lists of Vessels Arriving at New York, New York, 1820-1897; (National Archives Microfilm Publication M237, 675 rolls); Records of the U.S. Customs Service, Record Group 36; National Archives, Washington, D.C.

Passenger and Crew Lists of Vessels Arriving at New York, New York, 1897-1957; (National Archives Microfilm Publication T715, 8892 rolls); Records of the Immigration and Naturalization Service; National Archives, Washington, D.C. **Description:** This database is an index to the passenger lists of ships arriving from foreign ports at the port of New York from 1820-1957. In addition, the names found in the index are linked to actual images of the passenger lists. Information contained in the index includes given name, surname, age, gender, arrival date, port of arrival, port of departure and ship name. © 2010, The Generations Network, Inc.

SALOON, CABIN, AND STEERAGE ALIENS MUST BE COMPLETELY MANIFESTED. LIST OR MANIFEST OF ALIEN PASSENGERS FOR THE UNITED Required by the regulations of the Secretary of Commerce and Labor of the United States, under Act of Congress approved February 20, 1907, to be delivered S. S. RIJNDAM 16 DEC 1911 ROTTERDAM. sailing from. , 190 ST 1 2 3 4 5 6 1 8 - 1 10; 11 12 . 4. NAME IN FULL *Last Permasent Residence. Country of which is country whence alien cam-Family Name. Country. City or Town. 1. Loune Ray Inito nmueller h Jerman Jermen Mons N. 75. Mer gernang Mons rankt g the nurse Hinghampton Newyork matia alour tustes 11/10 these no these Rever hussing oure Haven 12 674/69 Anothers. thorner L) min Rikol Wallawck Russia kieles Ma 45 1 An wite no 3 unele 16 mis none J12 Arrich Show 2-1228-74 entint Nhone no mint atria harteres meklow 15 cel Rarria 122++8601 stermann teh me 17 The De My Sheiche 4vtm ustua anda untea adar Mores aussia Kkakurola. Mais Walimircha 12 Kiew MANew Jork Vhim aus. Mother Maria Marton may Hickitage RSV us dungarollavela In in te ant causis In de a 42 5 15 Wealgoto en anteral How high go of The stailor ges Austia Michen Insher Modowite Work the America,

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1911 page 2

1920 US Federal Census

Name: Abraham Thorner Home in 1920: 238 Hart Street, Brooklyn Assembly District 6, Kings, New York Age: 60 Estimated birth year: abt 1860 Birthplace: Russia Relation to Head of House: Self (Head) Spouse's name: Celia Thorner Father's Birth Place: Russia Mother's Birth Place: Russia Marital Status: Married Race: White Sex: Male Home owned: Own Year of immigration: 1911 [1916] Able to read: No Able to Write: No Household Members: Name Age Abraham Thorner 60 Celia Thorner 60 Theodore Thorner 25 Leon Thorner 24

Name: **Celia Thorner Age: 60 Estimated birth year: abt 1860 Birthplace: Russia** Relation to Head of House: Wife Spouse's name: Abraham Thorner Father's Birth Place: Russia Mother's Birth Place: Russia Marital Status: Married Race: White Sex: Female **Year of immigration: 1912** Able to read: No Able to Write: No

Name: Theodore Thorner

Age: 25 Estimated birth year: abt 1895 Birthplace: Russia

Relation to Head of House: Son Father's name: Abraham Thorner Father's Birth Place: Russia Mother's name: Celia Thorner Mother's Birth Place: Russia Marital Status: Single Race: White Sex: Male **Year of immigration: 1910** Able to read: Yes Able to Write: Yes

Name: Leon Thorner Age: 24 Estimated birth year: abt 1896 Birthplace: Russia Relation to Head of House: Son Father's name: Abraham Thorner Father's Birth Place: Russia Mother's name: Celia Thorner Mother's Birth Place: Russia Marital Status: Single Race: White Sex: Male Year of immigration: 1911 Able to read: Yes Able to Write: Yes

Source Citation: Year: 1920;Census Place: Brooklyn Assembly District 6, Kings, New York; Roll: T625_1153; Page: 4A; Enumeration District: 353; Image: 998. **Source Information**: Ancestry.com. 1920 United States Federal Census [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2010. Images reproduced by FamilySearch. **Original data**: Fourteenth Census of the United States, 1920. (NARA microfilm publication T625, 2076 rolls). Records of the Bureau of the Census, Record Group 29. National Archives, Washington, D.C. For details on the contents of the film numbers, visit the following NARA web page: NARA. Note: Enumeration Districts 819-839 are on roll 323 (Chicago City). **Description**: This database is an index to individuals enumerated in the 1920 United States Federal Census, the Fourteenth Census of the United States. It includes all states and territories, as well as Military and Naval Forces, the Virgin Islands, Puerto Rico, American Samoa, Guam, and the Panama Canal Zone. The census provides many details about individuals and families including: name, gender, age, birthplace, year of immigration, mother tongue, and parents' birthplaces. In addition, the names of those listed on the population schedule are linked to actual images of the 1920 Federal Census. © 2010, The Generations Network, Inc.

Abraham & Celia Thorner, Theodore and Leon, 238 Hart Street, Brooklyn, Kings County, NY

January 3, 1920

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1930 United States Federal Census

Name: Abraham Thorne [Abraham Thorner]

Gender: Male Birth Year: abt 1860 Birthplace: Russia Race: White Home in 1930: [**238 Hart Street**] **Brooklyn**, Kings, New York Marital Status: Married Immigration Year: 1911 Relation to Head of House: Head Spouse's Name: Sarah Thorne Father's Birthplace: Russia Mother's Birthplace: Russia

Name: Sarah Thorne

Gender: Female Birth Year: abt 1860 Birthplace: Russia Race: White Marital Status: Married Immigration Year: 1911 Relation to Head of House: Wife Spouse's Name: Abraham Thorne Father's Birthplace: Russia Mother's Birthplace: Russia

Name: Leon Thorne

Gender: Male Birth Year: abt 1898 Birthplace: Russia Race: White Marital Status: Single Immigration Year: 1911 Relation to Head of House: Son Father's Name: Abraham Thorne Father's Birthplace: Russia Mother's name: Sarah Thorne Mother's Birthplace: Russia

Name: Henry Thorne

Gender: Male Birth Year: abt 1892 Birthplace: Russia Race: White Marital Status: Married Immigration Year: 1911 Relation to Head of House: Son Father's Name: Abraham Thorne Father's Birthplace: Russia Mother's name: Sarah Thorne Mother's Birthplace: Russia

Name: Dora Thorne

Gender: Female Birth Year: abt 1893 Birthplace: Russia Race: White Marital Status: Married Immigration Year:1901Relation to Head of House:DaughterFather's Name:Abraham ThorneFather's name:Sarah ThorneMother's Birthplace:Russia

Name: Irving Thorne

Gender: Male Birth Year: abt 1918 Birthplace: New York Race: White Marital Status: Single Relation to Head of House: Grandson Father's Birthplace: Russia Mother's name: Dora Thorne Mother's Birthplace: Russia

Name: Edna Thorne

Gender: Female Birth Year: abt 1923 Birthplace: New York Race: White Marital Status: Single Relation to Head of House: Granddaughter Father's Birthplace: Russia Mother's Birthplace: Russia

> Abraham Thorner 70 Sarah Thorner 70 Leon Thorner 32 Henry Thorner 38 Dora Thorner 37 Irving Thorner 12 Edna Thorner 7

Source Citation: Year: 1930; Census Place: Brooklyn, Kings, New York; Roll: 1504; Page: 15A; Enumeration District: 354; Image: 811.0; FHL microfilm: 2341239. **Source Information:** Ancestry.com. 1930 United States Federal Census [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2002. **Original data:** United States of America, Bureau of the Census. Fifteenth Census of the United States, 1930. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls. **Description:** The 1930 Census contains records for approximately 123 million Americans. The census gives us a glimpse into the lives of Americans in 1930, and contains information about a household's family members and occupants including: birthplaces, occupations, immigration, citizenship, and military service. The names of those listed in the census are linked to actual images of the 1930 Census. © 2013, The Generations Network, Inc. Abraham Thorner and extended family 238 Hart Street, Brooklyn, Kings County, NY

p1 of 2

April 11, 1930

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Hanna (ma	louse imber cities or wns) Num- ber of dwell- ing house or or in order of vis- itation	ber of family in order	Enter surname first, then the given name and middle initial, if any	Relationship of this person to the head of the family	Home owned rented Value of hom If owned, o monthly rent of rented	o set this fa	or or re	Marital con- dition	marriage Attended school or college any time since Sept.1,1929 whethor able to read and write	which birthplace is now French from Canada-E	son enumerated and of his State or Territory. If of for v situated. (See Instruction nglish, and Irish Free State		Language spoke in home befo coming to the United State	(For office use only. Do not write in these columns)	Year of imm tion to th United Sta Maturalizatio	Trade, profession, or particula kind of work, as spinner salesman, riveter, teach	Industry or business, as col- ton mill, dry-poods store shippard, public school	(For office use only. Do not write in this column)	Tes If not, lin number or on Unem No ploymen Schedul	Yes Ar
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BURNAU OF -1933 4()1 14-H 25-2608-33-B STATE OF NEW YORK DEPT. OF RECORDS BROOKEDARE OF DEATH Department of Health of The City of New York BUREAU OF RECORDS STANDARD CERTIFICATE OF DEATH AUGBOROUGH OF 16879 No. d IT. Character of premises, ĺ. whether tensment, private, hotel, hospital or other place, etc. 8944 amily House Registered No. e. ²PRINT FULL NAME THORNER 3 SEX SINGLE, MARRIED Married WIDOWED, OR DIVORCED 4 COLOR OR RACE 15 DATE OF DEATH 5 RECEIVED a. ludus 1937 1a/c IC 1 (Month) (Write the word) (Day) (Year) HUSBAND OF 5A ¹⁶ I hereby certify that the foregoing particulars orner FEF (Nos. 1 to 14 inclusive) are correct as near as the 6 DATE OF BIRTH OF DECEDENT.... anch 5 same can be ascertained, and I further certify that 1865 BE DARDING (Month) (Day) (Year) I attended the deceased from June 1936 WILL 7 AGE If LESS than 1 day,.....hrs. 1937, that I last saw him 6 mos. 23 RESERVED FOR B VIS. .ds or? 6th day of AUSUST alive on the 8 OCCUPATION (a) Trade, profession, or that death occurred on the date stated above at 7.03 AM. lesman particular kind of work ... and that the cause of death was as follows: (b) General nature of industry, Diabetes, Cerebra business or establishment in Box Pactory per d which employed (or employer). MUTILATED CE 9 BIRTHPLACE Hemorrhade (State or country) oldnd $\left(\begin{array}{c} 9\\ A \end{array}\right)$ How long resi-dent in City of New York How long in U. S. (if of for-B 20 YPS. sign birth) 10 NAME OF FATHER OF DECEDENT duration 15 yrs. DECEASED mos. ds. horner euh 2 Contributory Hypostatic Preumonia- Carlies Failure (Secondary) Recurrence of Cerebral Hem. bz 11 BIRTHPLACE OF FATHER land 0 NomeState kind (State or country) Operation? 5 ant 12 MAIDEN NAME OF MOTHER OF DECEDENT PARENTS Uh Known dh yrs. mos. 10 ds. 13 BIRTHPLACE OF MOTHER (State or country) duration 7th day of Aug. 1937 Ó a Witness my hand this 14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Signature Usual Residence 14A INFORMANT: WIFE Simle Address DATE OF BURIAL ROACE OF BURNAL FILED 0 12011 (2) ADDRESS ERS. ING.

TO PHYSICIANS

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, Chapter 284, Section 2. In effect January 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:

Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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," "Dropsy," 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 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 suffi-cient, e. g., Farmer or Planter, Physician, Compositor, 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.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of 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, without any soncitation on my part or that of any

other person, as und r. of who is the (reationship) Btain

and the nearest surviving relative or next of kin of the deceased. This statement is made a permit for the burial or cremation of the remains of the deceased

(Signature)

Business Address

Permit Number (Undertaker's)

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 and State License number.

State License No.

United States Census, 1940

name: Theodore Thorner

event year: 1940 event place: Assembly District 6, 238 Hart Street, Brooklyn, New York City, Kings, New York, US gender: Male age: 45 marital status: Married race (standardized): White relationship to head of household (standardized): Head birthplace: Russia estimated birth year: 1895 residence in 1935: Same House

			Age	Birthplace
head	Theodore Thorner	Μ	45	Russia
wife	Adele Thorner	F	40	Russia
son	Paul Thorner	Μ	18	New York
son	Herbert Thorner	Μ	14	New York
daughter	Anita Sue Thorner	F	3	New York
mother	Simila Thorner	F	70	Russia

enumeration district number: 24-745 family number: 43 sheet number and letter: 2B line number: 74 nara publication number: T627 nara roll number: 2565 digital folder number: 005458232 image number: 00537

"United States Census, 1940," index and images, FamilySearch Assembly District 6, Brooklyn, New York City, Kings, New York, United States; citing enumeration district (ED) 24-745, sheet 2B, family 43, NARA digital publication T627, roll 2565.

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FILED Certificate	
	of Heath Certificate No. 1013
M FLB 1 N1 10 16	
1. NAME OF DECEASED Simle (Print) First Name Middle Nan	ne Last Name Social Security Number
PERSONAL PARTICULARS (May be filled in by Funeral Director)	MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)
2 USUAL RESIDENCE: (a) State New Yord (c) Town, (b) Co. Kings or City Browlyn (d) No. 238 Hart St. (lf in rural area, give location) (e) Length of residence or stay in City of New York immediately prior to death 32 years 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Midomcod 4 WIFE HUSBAND of Abraham Thorner 5 DATE OF (Month) (Day) (Year) BIRTH OF April 10, 1866 6 AGE 76 9 24 If LESS than 1 day, yrs. mos. days hrs. or min. 4 Trade, profession, or particular kind of work, as spinner, New Wife B Industry or business in which work was done, as stilk mill, sawrentll, bank, etc. 8 BIRTHFLACE OF DECEDENT Polant(9 How long in (State or country) Polant(9 How long in (State or country) Polant(10 WAS DECEASED WARE VETERAN? IF SO, NAME WARE	16 PLACE OF DEATH: Bronx (a) NEW YORK CITY: (b) Borough (b) Borough (b) Park Side (on relificent Home or institution, give street and number.) (c) Name of Hospital Park Side (on relificent Home (If not in hospital or institution, give street and number.) (d) Length of stay at place of death 29 clays (d) Length of stay at place of death 29 clays (Hour) (f) DATE AND (Month) (Day) (Year) (Hour) (Hour) EQUAD OF February 3 19 43 13 BEEX 19 COLOR OR BACE 20 Approximate Age (a. staff physician of this-institution attended the deceased)* (a. staff physician of this-institution attended the deceased)* (a. staff physician of this-institution attended the deceased)* 19 43, to February 3, 19 43, and last saw har alive at 2 PM on February 3, 19 73. Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not upply) Principal cause of death ONSET A moult 3 moult
11 NAME OF PATHER OF DECEDENT 12 RETHFLACE TOP PATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER Sara Greenters OF MOTHER (State or country) 14 BIRTHFLACE OF MOTHER (State or country) 15 SIGNATURE OF MOTHER OF MOTHER (State or country) 15 SIGNATURE OF JNFORMANT May D Horner EELATIONSHIP TO DECEASED ADDRESS J & Wyt EMM MOL 22 PLACE OF BURIAL 23 FUNERAL 23 FUNERAL 23 FUNERAL 24 JUNERAL 25 SIGNAL 24 DIRECTOR 25 OF DURIAL 26 OF MOTHER 27 OF MOTHER DIRECTOR DIRECT	Contributory causes and other conditions. Autopsy: More Date of Operation: More Date of Operation: More Date of Operation: More Date of Operation: More (If none, so state) Condition for which performed: Signature chargaret Jane Adam M. D. Address 738 Kelly the Tomu Date Fibruary 3 MATE OF BUBLAL THE HARM 1943 DATE OF BUBLAL THE HARM 1943

(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 Simie Thorner (Print Name of Decedent) who died on February 3 1943 (Date of Death) (Place of Death) * CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY
I hereby certify that the death of Simile Thorner (Print Name of Decedent) who died on February 3 1943, at The Parks i de Conrales aut Time (Date of Death) Tas not * CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY
who died on February 3 1943, at The Parkside Convatement 70mm (Date of Death) * CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY
(Place of Death) (Place of Death)
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 February & 1943 Charzarel Jane Adams (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
remains will be fisued 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 fineral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of dealn in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhartan, 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 or my part or that of any other person,
to discose of the remains of the man of the second of the second of the remains of the second of the remains of the second of th
who is the Relationship and the morest surviving relative or next of kin of the deceased
Name of permit No.
By (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 Dr. Worksh
Date Hour Hour (A.M.)
Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.