

1 PLACE OF DEATH

BOROUGH OF *The Bronx*

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

No. *En route to Fordham Hosp* St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. *Private Auto*

6394

Registered No.

2 PRINT FULL NAME *Siberato Jaciofano*

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED *Married* (Write the word) 15 DATE OF DEATH *July 18*, 193*3*
(Month) (Day) (Year)

5A WIFE } *Filomena*
HUSBAND } OF

6 DATE OF BIRTH..... 1.....
(Month) (Day) (Year)

7 AGE *55* yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, Profession or particular kind of work *Peddler*
(b) General nature of industry, business or establishment in which employed (or employer)
(c) No. years so occupied.

9 BIRTHPLACE (State or country) *Italy*

(9) How long in U. S. (if of foreign birth) *42 yrs* (9) How long resident in City of New York *42 yrs*

10 NAME OF FATHER *Domenick*

11 BIRTHPLACE OF FATHER (State or country) *Italy*

12 MAIDEN NAME OF MOTHER *Anna Venditta*

13 BIRTHPLACE OF MOTHER (State or country) *Italy*

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Usual residence *1721 Fowler Ave*

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this *18* day of *July* 193*3*, taken charge of the body of deceased found at *Fordham Morgue* and that I have investigated the essential facts concerning the circumstances of the death.

17 I further certify that I have viewed said body and from *Incision* and evidence, that he died on the *18* day of *July* 193*3*, at *P.M.*, and that the chief and determining cause of his death was *fracture of skull; Thrown from truck (Runaway horse) accidental*

that the contributing causes were.....
Approved *Charles Morris* Chief Medical Examiner.
Charles Morris Assistant Medical Examiner.

18 PLACE OF BURIAL *St Raymond*

19 UNDERTAKER *John Dornie*

DATE OF BURIAL *July 21*, 193*3*

ADDRESS *1807 Howe Ave*

FILED



390/5
7/23/68
178

37-7-20-33

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MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file a report in writing with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the deceased of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower, color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—(Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.)

Accident, suicide, or homicide? Accident Date of injury July 18 1933

Where did injury occur? White Plains Ave + Astor Ave
Specify whether injury occurred in industry, in home, or in public place

Manner of injury? Thrown from truck (Runaway horse)

Nature of injury? Fracture of skull

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 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 solicitation on my part or that of any other person as undertaker by

Dominic Saccapano the Son
(NAME AND ADDRESS) (RELATIONSHIP)

of deceased. This statement is made to obtain a permit for the burial or cremation of the remains of deceased

Liberato Saccapano
Signature John...