

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BROOKLYN

Certificate of Death

Certificate No. 16278

1940 AUG 9 AM 10:16

NAME OF DECEASED (Print) ISAAC LIPSCHTZ

First Name Middle Name Last Name

PERSONAL AND STATISTICAL PARTICULARS
(To be filled in by Funeral Director)

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

2 USUAL RESIDENCE:
(If non-resident, give place and state) Borough BROOKLYN
No. 125 SOUTH 3RD ST. Apt. 2c

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (under the word) WIDOWED

4 WIFE (HUSBAND) LEAH LEICHEN

5 DATE OF BIRTH AUG 20 (Day) (Year) 1886

6 AGE 54 yrs. or less than 1 day.

16 PLACE OF DEATH: Borough BROOKLYN
No. 125 SOUTH 3RD STREET Apt. 2c

17 PLACE—Hospital, Tenement, Private House, Hotel, Etc. (If institution, give name) TENEMENT

18 DATE OF DEATH (Month) (Day) (Year) AUG. 9 1940

19 SEX MALE 20 COLOR OR RACE WHITE 21 GRADE ADULT (Cross out one)

22 I HEREBY CERTIFY that I attended the deceased from AUG. 2 1940 to AUG. 8 1940; that I last saw him alive on AUG. 8 1940 and that death occurred on the date stated above at 2 A.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner.

The principal cause of death and related causes of importance were as follows: PULMONARY EDEMA 6 hrs.

Other contributory causes of importance: Ch. Myocarditis Ac. Bronchopneumonia 3 wks

Autopsy: Both of Operation: Both of

Witness my hand this 9th day of Aug. 1940

Signature: Ignace G. Gendry M. D.
Address: 131 Montrose Avenue
Pathological Diagnosis

Signature M. D.

7 OCCUPATION
A Trade, profession, or occupation (If non-resident, give place and state) Retail Grocer
B Industry or business in which work was done (If non-resident, give place and state)
C Date deceased last worked at this occupation (month and year) 1939 D Total time (years) spent in this occupation 35 yrs.

8 BIRTHPLACE (State or country) AUSTRIA

9 How long in U. S. (If of foreign birth) 21 YRS. 10 How long resident in City of New York 21 YRS.

11 NAME OF FATHER OF DECEASED JUDAH WOLF

12 BIRTHPLACE OF FATHER (State or country) AUSTRIA

13 MARRIED NAME OF MOTHER OF DECEASED SARAH UNGER

14 BIRTHPLACE OF MOTHER (State or country) AUSTRIA

15 SIGNATURE OF INFORMANT

RELATIONSHIP TO DECEASED Son

ADDRESS 320 Bedford Ave

24 PLACE OF BURIAL OR CREMATION Beth David Cen

25 FUNERAL DIRECTOR Lowest Brothers ADDRESS 33-2 Ave

DATE OF BURIAL OR CREMATION Aug. 9, 1940

PERMIT NUMBER 3380

DO NOT WRITE IN THIS SPACE