BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BROOKLYN

FILED 1942 JUN 4 AM 11:38

Certificate of Death

Certificate No. 11083.

1. NAME OF DECEASED (Print or Typewrite): ELIZABETH | J. | MARRITT | NONE
(First Name | Middle Name | Last Name | Social Security Number)

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State: New York
(b) Co.: Kings (c) City, Town or Village: Brooklyn
(d) No.: 332 Greene Ave. (Ave. or St.)
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death: 45 years

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

4 WIFE / HUSBAND of

5 DATE OF BIRTH OF DECEDENT: (Month) Aug. (Day) 28 (Year) 1857

6 AGE: 84 yrs. 9 mos. 4 days | If LESS than 1 day, hrs. or min.

7 Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.: Home

8 BIRTHPLACE OF DECEDENT: (a) State or Country: England
(b) County (c) City, Town or Village: Hendon

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH?: England

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR:

Parents of Deceased

11 NAME OF FATHER OF DECEDENT: William Marritt

12 BIRTHPLACE OF FATHER (State or country): England

13 MAIDEN NAME OF MOTHER OF DECEDENT: Eliza Kiel

14 BIRTHPLACE OF MOTHER (State or country): England

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

16 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough: Brooklyn
(c) Name of Hospital or Institution: Dr. Wade's Hospital
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death: 3 weeks

17 DATE AND HOUR OF DEATH: (Month) June (Day) 2 (Year) 1942 (Hour) 5:30 P.M.

18 SEX: Female | 19 COLOR OR RACE: White | 20 Approximate Age: 84

21 I HEREBY CERTIFY that (I attended the deceased) * (a staff physician of this institution attended the deceased) *
from May 13, 1942, to June 2, 1942,
and last saw her alive at 5:30 P.M. on June 2, 1942
Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings) * (Encircle terms that do apply)

Principal cause of death	Date of Onset
Cardio vascular disease	2 yrs
Contributory causes and other conditions: Nephritis Chronic	2 yrs

Autopsy: Date of ... (If none, so state)
Operation: Date of ... (If none, so state)
Condition for which performed:

Signature: [signature] M. D.
Address: 493 Greene Ave Date: June 2/42

15 SIGNATURE OF INFORMANT: Ethel E. Wade RELATIONSHIP TO DECEASED: niece ADDRESS: 118 Puritan Ave., Forest Hills, N.Y.

22 PLACE OF BURIAL OR CREMATION: Maple Grove Cemetery DATE OF BURIAL OR CREMATION: June 4, 1942

23 FUNERAL DIRECTOR: Clarence F. Simonson ADDRESS: 9701 - 101st Ave. Ozone Park, N.Y. PERMIT NUMBER: 594

BUREAU OF VITAL RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — CITY OF NEW YORK

2014435 6/6/42 2

ORDER NO. 246799 DATE 9-12 NUMBER ISSUED 1 SEARCHER PHOTO OP.

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 Elizabeth J. Marritt (Print Name of Decedent)

who died on June 2, 1942 (Date of Death), at Dr. Wades' Hospital 495 Greene Ave. (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 SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not * one that should be reported to the Medical Examiner.

Date June 2, 1942

H A Wade M D (Personal Signature of Physician)

*The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

1457-53 K 2-1-52

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

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury the 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."

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. 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.

ORDER NO. 237239 DATE 8/21/42 NUMBER ISSUED 5 SEARCHER W S PHOTO OP.

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 Elizabeth J. Marritt

by Edith A. Frost of 8799 - 215th St., Queens Village

who is the sister (Relationship) and the nearest surviving relative or next of kin of the deceased.

Name of permittee Clarence F. Simpson Permit No. 594

By (Signature of licensed manager or funeral director if other than permittee.)

3686 53 10/2/46

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

Telephone Removal No. 4 granted by Dr. Jones (Burial Clerk)

Date 6-2-42 Hour 7:15 ~~(A.M.)~~ (P.M.) Clarence F. Simpson (Funeral Director) John Lawrence

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