

G 00414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00414

Registered No.

PLACE OF DEATH:
 (a) Baltimore City, Maryland
 (b) Street address 1700 Block E. Monument St
 (c) Hospital or institution: Sinai Hospital
 (d) Length of stay in hospital or inst. (yrs., mos., or days) 15
 (e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Md (b) County _____
 (c) City or town Baltimore
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 3819 Norfolk Ave
 (If rural give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3 (a) FULL NAME Louis Hyman
3 (b) If veteran, name war _____ **3 (c) Social Security Account No.** _____

4. Sex Male **5. Color or race** White **6 (a) Single, married, widowed, or divorced.** W.
6 (b) Name of husband or wife. Late Jennel
6 (c) If alive, give age _____ **years**

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 Months 70 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Russia
 (Town, county, and state)

10. Usual Occupation _____

11. Industry or business None

12. Name Julius Joseph Hyman

13. Birthplace Russia

14. Maiden Name Chai Sarah

15. Birthplace Russia

16 (a) Informant Ellis Hyman

(b) Address 3819 Norfolk Ave

17 (a) Burial **(b) Date thereof** Jan, 28, 1943
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-26 W. North ave

19 27 1943 **20** Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 8⁰⁰ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943, to Jan 26 1943, and that I last saw him alive on Jan 26 1943.

Immediate cause of death pulmonary embolism?

Due to postoperative

Due to _____

Other Conditions Duodenal ulcer. Arteriosclerotic cardiovascular dis.
 (Include pregnancy within 3 months of death)

Date of operation Jan. 25, 1943.

Major findings of operation: cicatrical duodenal ulcer.

of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(c) Where did injury occur? _____ at _____ M

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work?

(Specify type of place)

(e) Means of injury J.R. Schwartz

23. Signature J.R. Schwartz M. D.

Address Sinai Hospital **Date signed** 1-26-43

PHYSICIAN

Underline the cause to which death should be charged statistically.