

930 JAN 28 AM 10 37

Certificate of Death

Certificate No. 1172

1. NAME OF DECEASED (Print) **CHARLES Owen COOGAN**  
 First Name Middle Name Last Name

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

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

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

2 USUAL RESIDENCE:  
(If non-resident, give place and state) Borough **Bronx** Ave. St.  
 No. **1686 Clay ave**

16 PLACE OF DEATH: Borough **Bronx** Ave. St.  
 No. **1686 Clay Ave.**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

17 PREMISES:—HOSPITAL, TENEMENT, PRIVATE HOUSE, HOTEL, ETC. (If institution, give name) **Tenement**

4 WIFE HUSBAND } of **Mary**

18 DATE OF DEATH (Month) (Day) (Year)  
**January 27th 1939**

5 DATE OF BIRTH (Month) (Day) (Year) OF DECEDENT  
 , 1

19 SEX **Male** 20 COLOR OR RACE **White** 21 ~~CHILD~~ ADULT (Cross out one)

6 AGE **72** yrs. mos. das. If LESS than 1 day, hrs. or min.

22 I HEREBY CERTIFY that I attended the deceased from **January 23, 1939** to **January 27, 1939**; that I last saw him alive on **January 27, 1939** and that death occurred on the date stated above at **3 P** M.

7 OCCUPATION A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. **Motorman**

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.

B Industry or business in which work was done, as silk mill, sawmill, bank, etc. **3rd Ave. R.R.**

The principal cause of death and related causes of importance were as follows: **Tuber Pneumonia** DURATION **5 days**

C Date deceased last worked at this occupation (month and year) **Jan 27/39** D Total time (years) spent in this occupation. **35 yrs**

8 BIRTHPLACE (State or country) **U.S.**

Other contributory causes of importance: **Pulmonary Edema** **1 day**

9 How long in U. S. (if of foreign birth) **Life** 10 How long resident in City of New York **Life**

11 NAME OF FATHER OF DECEDENT **James**

Autopsy: Date of \_\_\_\_\_ Operation: Date of \_\_\_\_\_

12 BIRTHPLACE OF FATHER (State or country) **Canada**

Name of Operation \_\_\_\_\_

13 MAIDEN NAME OF MOTHER OF DECEDENT **Johanna Harrington**

What test confirmed diagnosis? \_\_\_\_\_

14 BIRTHPLACE OF MOTHER (State or country) **Ireland**

Witness my hand this **27** day of **January** 19**39**  
 Signature **Adelby J. Jurek** M. D.  
 Address **447 2nd Washington Ave**

15 SIGNATURE OF INFORMANT **James J. Coogan**

23 Pathological Diagnosis \_\_\_\_\_

RELATIONSHIP TO DECEASED **Son**

Signature \_\_\_\_\_ M. D.

ADDRESS **1183 Gerard ave**

24 PLACE OF BURIAL OR CREMATION **S. Raymonds Cem** DATE OF BURIAL OR CREMATION **Jan. 30, 1939.**

25 FUNERAL DIRECTOR **Walter B. Cooke, Inc** ADDRESS **Que. St. 146 Sts** PERMIT NUMBER **1203**



TO FUNERAL DIRECTORS

Regulation 3, Section 45 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."

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. The death certificate of a child will not be accepted unless the date of birth is given in Item 5 and the age is correctly stated in Item 6. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

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, provided the application is made by a licensed undertaker who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is not necessary for the Funeral Director to obtain the supplementary certification from the attending physician—Form 113-H—that death was not due to a cause that must be referred to the Office of the Chief Medical Examiner for investigation.

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 Charles O. Logan

by James Logan of 1183 Edward Ave

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

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

(Signature) Walter B. Cooke Inc. By Walter B. Cooke Permit No. 1203

Business Address One West 190 St

To Be Filled In by the Undertaker When Obtaining Removal Permit by Telephone

Telephone Removal No. none granted by \_\_\_\_\_ (Burial Clerk)

Date \_\_\_\_\_ Hour \_\_\_\_\_ (A.M.) \_\_\_\_\_ (P.M.) (Undertaker)

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

79541  
2988  
DATE 1-20-24  
NUMBER ISSUED 7  
SYMBOL