

# The Health Department of the City of New York

HAS MADE THE FOLLOWING ORDER:

"All Permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, **404758**  
out, to the BUREAU OF VITAL STATISTICS, within 36 HOURS after said person's death. (Sec. 161 of Sanitary Code) 11/11/88

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

All physicians practicing in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 5 of Sanitary Code.)

## CERTIFICATE OF DEATH

**404758**

1. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parents' names. **William Brinsmead**

2. Age, **42 years, 7 months, 7 days**, Color, **White**

3. ~~Single, Married, Widow or~~ **Widower**, Cross out the words not required in this line. 4. Occupation, **Piano tuner**

5. Birthplace, (State or Country) **England**, (How long in the United States, if of foreign birth.) **11 months**

6. How long resident in this city **11 months**

7. Father's Birthplace, (State or Country) **England**

8. Mother's Birthplace, (State or Country) **do**

9. Place of Death, (City, Town, or Village) No. **St. Luke's Hospital**

10. Residence before admission into the Institution (Name of Street & No. of House) **57 Street, 19 Ward, 207 Boney**

11. I hereby certify, I attended deceased from **Dec 1 1881** to **Dec 8 1881** that I last saw him live on the **8** day of **December 1881**, that he died on the **8** day of **December 1881**, about **5 o'clock, A.M.**, and that the Cause of his death was:

**chronic Bright's Disease** Time from Attack till Death: Write opposite each cause—if unknown it should be so stated. **Years**

First (Primary), **Acute + subacute Insufficiency** **Five days**

Second (Immediate), **Pneumonia**

All the above information should be furnished by the Physician

Place of Burial, **St. Michael's, Astoria**

Date of Burial, **December 9**

Undertaker, **James Rollins**

Place of Business, **118 W 54**

Signed by

**W.C. Campbell, M.D.**  
Medical Attendant

Address, **St. Luke's Hosp.**

Room for granting Burial Permits, No. 40. Hours from 7 A. M. to 6 P. M. on week days; from 9 A. M. to 5 P. M. on Sundays.

\* By 1st floor is meant the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.  
† Please examine the list of diseases printed on the back of this certificate.

Law regulating Coroners' Inquests in the County of New York, Chapter 462, Laws of 1871.

SECTION 1.—Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, when in apparent health, or when unattended by a physician, or *in prima*, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall