

Certificate of Death

60-61-313824

FILED

Certificate No. _____

PL 12 09

NAME OF
DECEASED
(Print or Type-write)Herman
First Name Middle Name Last NamePERSONAL PARTICULARS
(To be filled in by Funeral Director)2. USUAL RESIDENCE: (a) State New York(b) Co. Kings (c) City or Town Brooklyn(d) No. 225 Herkimer Ave. St.(e) Length of residence or stay in City of life
New York immediately prior to death.3. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Married4. DATE OF BIRTH OF DECEDENT
(Month) (Day) (Year)5. AGE
61 yrs. If under 3 years (Month) (Day) (Year) If LESS than 1 day (hrs. or min.)6. a. Usual Occupation (Kind of work done during most of working life, even if retired) Prof. Base ball playerb. Kind of Business or Industry in which this work was done League Baseball7. SOCIAL SECURITY NO. 053 10-74118. BIRTHPLACE
(State or Foreign Country) Brooklyn N.Y.9. OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.10a. WAS DECEDENT EVER IN UNITED STATES ARMED FORCES? No 10b. IF YES, Give war or dates of service11. NAME OF FATHER OF DECEDENT Peter Hell12. MAIDEN NAME OF MOTHER OF DECEDENT Augusta Hoff13. NAME OF INFORMANT Mario Hell14a. Name of Cemetery or Crematory West Hts. Grm. Cem15. FUNERAL DIRECTOR Seaman GreenwoodMEDICAL 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 St. Mary's
(If not in hospital or institution, give street and number.)(d) If in hospital give Ward No. 117. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) 71 41 61 5:10 P.18. SEX Male 19. Approximate Age 63

20. I HEREBY CERTIFY that (I attended the deceased) or (a staff physician of this institution attended the deceased) or

from April 23, 1961, to July 4, 1961and last saw him alive at 5:10 on July 4, 1961I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES.* Cross out words that do not apply.
† See first instruction on reverse of certificate.Witness my hand this 4 day of July, 1961Signature Arthur StabileName of Physician Arthur Stabile
(Print or Type-write)Address 1298 St. Marks AvenueRELATIONSHIP TO DECEASED Wife ADDRESS 1225 Herkimer St14b. Location (City, Town or County and State) Brooklyn NY 14c. Date of Burial or Cremation July 5-1961ADDRESS 27 Hull St. Brooklyn