

PLACE OF DEATH

STATE OF NEW YORK

BOROUGH OF BrooklynDepartment of Health of The City of New York
BUREAU OF RECORDSName of Institution St. John's Hospital

STANDARD CERTIFICATE OF DEATH

Register No. 27033FULL NAME Pierre Lamer

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>
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 15 DATE OF DEATH
October 24 1931
 (Month) (Day) (Year)

 6 DATE OF BIRTH
 (Month) (Day) (Year)
 7 AGE
57 yrs. mos. ds. or min.
 If LESS than 1 day, hrs. min.

 16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on October 2 1931, that I last saw him alive on the 24 day of Oct 1931, that he died on the 24 day of October 1931, about 2:00 o'clock A or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Generalized Sepsis
by multiple abscesses of liver
 duration yrs. mos. ds.

 Contributory (Secondary)
 duration yrs. mos. ds.

 Witness my hand this 24 day of Oct 1931
 Signature August B. Hirsch, M.D.
 House Surgeon

 17 I hereby certify that I have this 10 day of Oct 1931, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

 Signature _____ M. D.
 Pathologist _____ Hospital _____

 8 OCCUPATION
 (a) Trade, profession or particular kind of work
clerk
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) No. of years so occupied

 9 BIRTHPLACE (State or country)
U. S.

 (A) How long in U. S. (if of foreign birth) Life (B) How long resident in City of New York Life

 10 NAME OF FATHER
Edward B Lamer

 11 BIRTHPLACE OF FATHER (State or country)
U S

 12 MAIDEN NAME OF MOTHER
Catherine Campbell

 13 BIRTHPLACE OF MOTHER (State or country)
U S

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

 Former or usual residence: 2205 Foster Ave.

Where was disease contracted, if not at place of death?

FILED

PLACE OF BURIAL

DATE OF BURIAL

400 St. John's CemeteryOctober 27 1931

FUNERAL

ADDRESS

Funchell Smeide36 Ruffett Pl

NO UNLAWFUL ALTERATIONS TO BE MADE