

Certificate of Death

FILED

Certificate No. **16807**

1946 AUG 2 AM 11 45
 1. NAME OF DECEASED **CARL** **LIND** **LIND**
(Print or Type) First Name Middle Name Last Name Social Security Number **436-03-3454**

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

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

2 USUAL RESIDENCE: (a) State **LOUISIANA**
 (b) Co. **ORLEANS** (c) Post Office and Zone **NEW ORLEANS**
 (d) No. **2331 JOSEPH** Ave. St.
 (e) Length of residence or stay in City of New York immediately prior to death **5 mos.**

16 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **MAN.**
 (c) Name of Hospital or Institution **BETH DAVID HOSPITAL**
(If not in hospital or institution, give street and number.)
 (d) Length of stay at place of death immediately prior to death **95 DAYS**

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

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
8 - 2 - 46 8:56 A.

4 WIFE } of **ELINOR ROONEY LIND**
 HUSBAND }

18 SEX **M** 19 COLOR OR RACE **W** 20 Approximate Age **42**

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
SEPT 19 1903

21 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)*
 from **4/29 1946**, to **8/2 1946**,
 and last saw him alive at **4:30 A.** on **8/2 1946**

6 AGE **42** yrs. **10** mos. **14** days If LESS than 1 day, hrs. or min.

7 OCCUPATION
 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **ASST. MGR.**
 B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. **BUILDING MATERIALS**

I 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** more fully described in the confidential medical report filed with the Department of Health.

8 BIRTHPLACE OF DECEDENT: (a) State **LOUISIANA**
 (b) County **ORLEANS** (c) City, Town or Village **NEW ORLEANS**

I further certify that death **WAS NOT** due to communicable disease requiring special preparation for shipment by common carrier.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? **U. S. A.**

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR **NO**

* Cross out words that do not apply.
 † See first instruction on reverse of certificate.

11 NAME OF FATHER OF DECEDENT **OTTO M. LIND**

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

13 MAIDEN NAME OF MOTHER OF DECEDENT **WILHELMINA MICHAELS**

14 BIRTHPLACE OF MOTHER (State or country) **U. S. A.**

Witness my hand this **2nd** day of **August** 19**46**

Signature **Meyer Sledzies** M. D.

Address **Beth David Hospital**

15 SIGNATURE OF INFORMANT INFO BY WIFE **ELINOR LIND** RELATIONSHIP TO DECEASED **wife** ADDRESS **2331 Joseph St. New Orleans La.**

22 PLACE OF BURIAL OR CREMATION **NEW ORLEANS, LA.** DATE OF BURIAL OR CREMATION **AUG. 7th 1946**

23 FUNERAL DIRECTOR **Edward F. Becker** ADDRESS **1740 Second Ave** PERMIT NUMBER **2092**

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH CITY OF NEW YORK

THE JOHNS HOPKINS UNIVERSITY
 DEPARTMENT OF CHRONIC DISEASES
 615 N. Wolfe Street
 Baltimore, Md., 21205

INFORMATION TO BE ABSTRACTED FROM NEW YORK CITY DEATH RECORDS:

Name of Deceased **Carl Lind**
 Date of Death **8-2-1946** Place of Death **Beth David Hosp NYC**
City State
 Date of Birth **9-19-1903** Age **42** Race **W** Sex **M**
 Place of Birth **New Orleans La.**
City State
 Marital Status: Sin. () Mar. () Wid. () Div. ()
 Usual Place of Residence **2331 Joseph St New Orleans La**
City State
 Father's Name **Otto M Lind**
 Mother's Maiden Name **Wilhelmina Michaels**
 Name of Spouse **Elinor**

Causes of Death Length of time between onset & death
 (A) **Terminoma of**
 (B) **stomach with metastases** 1944
Due to
 (C) **solitary pleural lymph**
Due to
 (D) **nodes - as center**

International Code for Cause of Death **046 - 046⁸**

Was death result of: Accident () Suicide () Homicide ()

Was autopsy performed? Yes () No () **8-2-46**

Informant **Elinor**

Cemetery **New Orleans La**
 Address of cemetery