1 PLACE OF DEATH (Dist. No. 101) To be inserted by Registrar

New York State Department of Health
DIVISION OF VITAL STATISTICS

County: Albany

Town or Village or City: Albany

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

TRANSIT PERMIT

2

Registered No. 2

(No. Brought Dairy Store Broadway St.; 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry J. Simon

(18a) Residence No. 15 Hillside Ave (Usual place of abode) New Hartford N.Y. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

5a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie A Marsh

6 DATE OF BIRTH Aug 25, 1862 (Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, how many hrs. or min.?
62	4	6	

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Toilet Paper Mills
(c) Name of employer: Sanguoil Toilet Paper Co

9 BIRTHPLACE (City or Town) (State or Country): Hawkenville N.Y.

PARENTS

10 NAME OF FATHER: Casper Simon

11 BIRTHPLACE OF FATHER (City or Town) (State or Country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hilbert

13 BIRTHPLACE OF MOTHER (City or Town) (State or Country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harold W. Simon
(Address) 15 Hillside Ave, New Hartford N.Y.

15 Filed Jan 2, 1925 Miriam S. Sandman Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January (Month) 1 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Jan 1, 1925, that I last saw him alive on Jan 1, 1925, and that death occurred on the date stated above, at 1 PM. The CAUSE OF DEATH * was as follows:

Acute dilatation of heart

90

CONTRIBUTORY (SECONDARY) (Duration) yrs. mos. ds.

18b Where was disease contracted, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What findings confirmed diagnosis? Clinical medical

(Signed) Raymond J. Reuter M.D.

Jan 1, 1925 (Address) 9 Mc Phail Terr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica, N.Y.

DATE OF BURIAL: Jan 5, 1925

20 UNDERTAKER: E. F. Treat

ADDRESS: Albany N.Y.

Burial or Transit Permit issued by Miriam S. Sandman Date of Issue Jan 2, 1925

See Instructions on Other Side