

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF Queens

BUREAU OF RECORDS

CERTIFICATE OF DEATH

No. Jackson av S. I. City St.
(If institution, state name)

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. St. John's Hospital

Registered No. 4744

2 FULL NAME Antonio Ferraccio

3 SEX M. 4 COLOR OR RACE w. 5 SINGLE, MARRIED, WIDOWED, or DIVORCED Married
(Write the word)

15 DATE OF DEATH Sept. 5, 1927
(Month) (Day) (Year)

6 DATE OF BIRTH 1. 29. 1896
(Month) (Day) (Year)

7 AGE 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, Profession, or particular kind of work Truckman
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) U.S.

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

PARENTS OF DECEASED 10 NAME OF FATHER Frank Ferraccio
11 BIRTHPLACE OF FATHER (State or country) Italy
12 MAIDEN NAME OF MOTHER Anna Mazzio
13 BIRTHPLACE OF MOTHER (State or country) Italy

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

Former or usual residence } 457-4th av S. I. City

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 I have this 6th day of Sept. 1927, taken charge of the body of deceased found at Long Island City and that I have investigated the essential facts concerning the circumstances of the death.

17 I further certify that I have viewed said body and from autopsy and evidence, that he died on the 5th day of Sept. 1927, at 5:10 P.M., and that the chief and determining cause of his death was Haemorrhage and shock due to pistol shot wounds of neck and of abdomen; homicide that the contributing causes were

Wm. H. Nammack, M.D.
Assistant Medical Examiner.
Approved Charles Horner, M.D.
Chief Medical Examiner.

FILED SEP - 7 1927

18 PLACE OF BURIAL Calvary Cemetery

DATE OF BURIAL Sept 9, 1927

19 UNDERTAKER Thomas F. Mullane

ADDRESS 402 Brody Astor

983

LFL

4744

MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file report in writing, with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower; color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—Sec. 1238, Chap 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.

Sec. 32. Death; duty of physicians and other persons to report; contents of death certificate. Physicians who shall have attended deceased persons in their last illness shall make and preserve a registry of the death of every such person, stating the cause thereof and specifying the date, hour, street, and street number of the premises of such death, and shall file with the Department of Health a report, in writing, of the death of every such person, stating, as nearly as can be ascertained, the date of death, the sex, name and surname, age, occupation, term of residence in The City of New York, place of nativity, condition of life, namely, whether single or married, a widow or widower, or divorced, the color, last place of residence, the name and birth-place of the parents respectively, the maiden name of the mother, and the chief and determining, and the contributory, cause or causes of death, of such person; stating also whether an autopsy has been performed, and, if so, the findings of such autopsy; and the chief Deputy and Assistant Medical Examiner shall, in their certificates, conform to the requirements of this section, and, where death shall have resulted from accident, homicide, or suicide shall specify how, when, and where the injuries causing such death were received. (S. C. Sec. 160.)

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Frank Ferraccio (NAME)

the Father (RELATIONSHIP) of deceased. This statement is made to obtain a permit for the

burial or cremation of the remains of deceased Antonio Ferraccio

Signature Thomas F Mullane

Chuly Mullane
4/24/18

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73098
7/19/18

74273
7/19/18

