

# Certificate of Death

1939 JAN 6 AM 10 40

Certificate No. **527**

1. NAME OF DECEASED (Print) ELIZABETH S. THEOBALD  
First Name Middle Name Last Name

**PERSONAL AND STATISTICAL PARTICULARS**  
*(May be filled in by Funeral Director)*

2 USUAL RESIDENCE: Borough MANHATTAN  
 No. 42 Barrow Ave. 525 E 68  
place and state

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

4 WIFE } of Samuel  
 HUSBAND }

5 DATE OF BIRTH (Month) (Day) (Year)  
 OF DECEDENT July 27 1870

6 AGE 62 yrs. mos. das. If LESS than 1 day, hrs. or min.?

7 OCCUPATION A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. Housewife

B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

C Date deceased last worked at this occupation (month and year) D Total time (years) spent in this occupation

8 BIRTHPLACE (State or country) USA

9 How long in U. S. (if of foreign birth) Life 10 How long resident in City of New York Life

11 NAME OF FATHER OF DECEDENT Carlos Sturtevant

12 BIRTHPLACE OF FATHER (State or country) USA

13 MAIDEN NAME OF MOTHER OF DECEDENT Mary Dickinson

14 BIRTHPLACE OF MOTHER (State or country) USA

15 NAME OF INFORMANT Samuel Theobald Jr

ADDRESS 47 Barrow St RELATION husband

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

16 PLACE OF DEATH: Borough Manhattan  
 No. 525 E 68 Ave. 525 E 68

17 CHARACTER OF PREMISES, WHETHER TENEMENT, PRIVATE HOTEL, ETC. New York Hospital  
(If institution, give name)

18 DATE OF DEATH (Month) (Day) (Year)  
Jan. 4 1939

19 SEX Female 20 COLOR OR RACE White 21 APPARENT AGE 62

22 I HEREBY CERTIFY that I attended the deceased from Dec 14 1938 to Jan 4 1939;  
 that I last saw her alive on Jan 4 1939  
 and that death occurred on the date stated above at 9:05 P.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, 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 that accompanies this certificate.

I further certify that death ~~was~~\* was not\* due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.

(\* ) Cross out words that do not apply.

Witness my hand this 4th day of Jan 1939

Signature Stewart G. Wolf, Jr. M. D.

Address \_\_\_\_\_

23 PLACE OF BURIAL OR CREMATION N.Y. N.J. Crematory DATE OF BURIAL OR CREMATION Jan. 6, 1939

24 FUNERAL DIRECTOR William N. Walters ADDRESS 140 E. 52 St. PERMIT NUMBER 942

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

Elizabeth Theobald death record