

1914

1 PLACE OF DEATH

BOROUGH OF

Brooklyn

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution

St Mary's Hospital

Registered No.

6692

FULL NAME

Abraham Prager

8512

SEX

male

COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

married

10 DATE OF DEATH

March 18 1918

DATE OF BIRTH

AGE

65

OCCUPATION

Bridge Dept.

BIRTHPLACE (State or country)

Germany

How long in City (A) How long resident in City of New York (B)

6 yrs. 6 yrs.

NAME OF FATHER

Samuel Prager

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Hetta Schwartz

BIRTHPLACE OF MOTHER (State or country)

Germany

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

Former or usual residence

714 East 2nd St

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

714 East 2nd St Brooklyn

FILED

MAR 18 1918

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 March 1 1918, that I last saw him alive on the 1 day of March 1918, that he died on the 18 day of March 1918, about 12 o'clock A.M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Carcinoma of Sigmoid Sigmoidotomy duration yrs. mos. ds.

Contributory (Secondary)

duration yrs. mos. ds.

Witness my hand this 10 day of March 1918

Signature Mary A. Dunbar M.D. House Surgeon

I hereby certify that I have this day of 1918, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature M.D.

Pathologist

18 PLACE OF BURIAL

Mohpelah Cem.

DATE OF BURIAL

March 18

19 UNDERTAKER

Chas. P. Stone

ADDRESS

327 East