

## STATE DEPARTMENT OF HEALTH OF NEW JERSEY

STATE FILE NO.

1. COUNTY OF DEATH Bergen		2. USUAL RESIDENCE (Where deceased lived, if last residence; residence before marriage) New Jersey B. COUNTY Bergen	
3. CITY BOROUGH OR TOWNSHIP Englewood		4. CITY BOROUGH OR TOWNSHIP Demarest	
5. LENGTH OF STAY (do this part) 7 days		6. STREET ADDRESS (If rural, P. O. Address) Sunset Road	
7. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Englewood Hospital		8. DATE OF DEATH FEBRUARY 13, 1954	
9. NAME OF DECEASED (Type or Print) WALTER ANCKER		10. DATE OF BIRTH April 10, 1894	
11. SEX Male		12. AGE (In years last birthday) 59	
13. COLOR OR RACE White		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
15. USUAL OCCUPATION (Check kind of work done outside home or inside home if so noted) Immigration		16. KIND OF BUSINESS OR INDUSTRY Board of Freeholders	
17. BIRTHPLACE New York, N. Y.		18. CITIZEN OF WHAT COUNTRY? USA	
19. FATHER'S NAME Erwin Ancker		20. MOTHER'S MAIDEN NAME Augusta Costzer	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes		22. SOCIAL SECURITY NO. NONE	
23. INFORMANT Mrs. Viola Ancker (Wife)		24. MEDICAL CERTIFICATION	
25. CAUSE OF DEATH (Give only cause or causes (a), (b), and (c)) Ruptured duodenal ulcer		26. INTERVAL BETWEEN ONSET AND DEATH 7 days	
27. ANTECEDENT CAUSES DUE TO Ruptured duodenal ulcer DUE TO Duodenal ulcer		28. INTERVAL BETWEEN ONSET AND DEATH 5 years	
29. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not due to the disease or condition causing death.			
30. DATE OF OPERATION 2-5-54		31. MAJOR FINDINGS OF OPERATION Ruptured duodenal ulcer	
32. ACCIDENT (Specify) Suicide		33. PLACE OF INJURY (e.g., in residence, house, farm, factory, carport, office, etc.)	
34. TYPE OF INJURY Suicide		35. CITY, BOROUGH, OR TOWNSHIP (COUNTY) Demarest (BERGEN)	
36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. HOW DID INJURY OCCUR? Suicide	
38. I hereby certify that I attended the deceased from Feb 6, 1954 to February 13, 1954, that I last saw the deceased alive on Feb. 13, 1954, and that death occurred at 11:02 P.M., from the causes and on the date stated above.			
39. SIGNATURE (Type or Print) Ernest H. Tisher M.D.		40. ADDRESS Clifton N.J.	
41. DATE SIGNED Feb 16, 1954		42. DATE SIGNED 2-14-54	
43. NAME OF CORONER OR CREMATORY Geo Washington Memorial Park		44. LOCATION (City, borough, or township) (State) Paramus New Jersey	
45. LOCAL REGISTRAR'S SIGNATURE Walter Englewood Bergen		46. FEDERAL DIRECTOR'S SIGNATURE (N. J. License No. ADDRESS) L. William Moritz 1677 Clifton N.J.	