

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF BKlyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 163 Cooper St. St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. Tenement

Registered No. 17630

*FULL NAME Emil Batch

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

15 DATE OF DEATH August 23, 1926
(Month) (Day) (Year)

6 DATE OF BIRTH January 21, 1880
(Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from May 1926 to Aug. 23, 1926, that I last saw him alive on the 22 day of August 1926, that death occurred on the date stated above at 3 A.M., and that the cause of death was as follows:

7 AGE 46 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

Acute cardiac Dilatation

8 OCCUPATION (a) Trade, profession, or particular kind of work Telephone Operator
(b) General nature of industry, business or establishment in which employed (or employer) employee

9 BIRTHPLACE (State or country) usa

(A) How long in U.S. (if of foreign birth) 46 yrs. (B) How long resident in City of New York 46 yrs.

10 NAME OF FATHER Andrew Batch

duration 2 yrs. 2 mos. 2 ds. Contributory (Secondary) Mitral Insufficiency

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia (?) unknown

duration 3 yrs. 3 mos. 3 ds. Witness my hand this 23 day of Aug. 1926

13 BIRTHPLACE OF MOTHER (State or country) Germany

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

Former or usual Residence } 163 Cooper St. BKlyn

Signature Fred G Gartner M. D. Address 8135 88th St. Glendale, L.I.

FILED NOV 23 1926

17 PLACE OF BURIAL Evergreen Cem

DATE OF BURIAL August 26, 1926

18 UNDERTAKER Samuel J. Fullerton

ADDRESS 9718 Flushing