

PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF

Brooklyn

No. 477-13th StCharacter of premises,
whether temporary, private,
hotel, hospital or other place, etc.

Private

Registered No. 19952

PRINT FULL NAME

Charles Sanford Burk

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married (Write the word)

DATE OF DEATH

Oct 11, 1934
(Month) (Day) (Year)

WIFE HUSBAND Irene V Burk

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 June 15, 1934
to Oct 11, 1934 that I last saw him
alive on the 11 day of Oct 1934
that death occurred on the date stated above at 11 P.M.,
and that the cause of death was as follows:

DATE OF BIRTH (Month) (Day) (Year)

AGE 46 yrs. mos. ds. 1 day, hrs. or min.?

OCCUPATION a) Trade, profession, or particular kind of work. Bank Clerk.
b) General nature of industry, business or establishment in which employed (as employer).

BIRTHPLACE (State or country) U.S.

a) How long in U.S. (if of foreign birth) Life b) How long resident in City of New York 9 years
duration ? yrs. mos. ds.

10 NAME OF FATHER Beding Burk

11 BIRTHPLACE OF FATHER (State or country) U.S.

12 MAIDEN NAME OF MOTHER Mary Sanford

13 BIRTHPLACE OF MOTHER (State or country) US

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

Usual Residence

Chronic Pulmonary Tuberculosis

Contributory (Residency)
Operation? State kindduration yrs. mos. ds.
Witness my hand this 12 day of Oct 1934Signature Joseph Mandelberg
Address 317 Dahill Rd Bklyn

FILED 3 NATIONAL CENTER FOR HEALTH RECORDS

18 UNDERTAKER H. P. Walter

DATE OF BURIAL OCT 13 1934
ADDRESS 251 U.S. ROAD B, NY

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