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BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN

Certificate of Death

26641

Certificate No.

FILED  
1944 DEC 17 PM 3 23

1. NAME OF DECEASED

Edward

Goodchild

114-07-8788  
Social Security Number

PERSONAL PARTICULARS  
(To be filled in by Funeral Director)

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

2 USUAL RESIDENCE: (a) State NEW YORK  
(b) City NEW YORK (c) Post Office and Zone NEW YORK  
(d) No. 153 West 80th Street XSE St.  
(e) Length of residence or stay in City of New York immediately prior to death LIFE

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough Manhattan  
(c) Name of Hospital or Institution Kew-Forest Hospital  
(d) Length of stay at place of death immediately prior to death 11 hours  
17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
Dec 57 | 14 | 1944 | 10 P.M.  
18 SEX Male 19 COLOR OR RACE White 20 Approximate Age 57

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
4 Wife of Johanna Walsh Goodchild  
5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
May 27 1887  
6 AGE 57 yrs. 6 mos. 7 days hrs. or min.  
IF LESS than 1 day,

21 I HEREBY CERTIFY that (I attended the deceased)\* (a staff physician of this institution attended the deceased)\*  
from December 14, 1944 to December 14, 1944  
and last saw him alive at 10:35 P.M. on Dec 14, 1944

7 Occupation  
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Long Shoring

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, 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 filed with the Department of Health.

8 BIRTHPLACE OF DECEDENT: (a) State NEW YORK  
(b) County N.Y. (c) City, Town or Village New York

I further certify that death was not due to 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.  
† See first instruction on reverse of certificate.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.

10 WAS DECEDENT A WAR VETERAN? IF SO, NAME WAR None  
11 NAME OF FATHER OF DECEDENT Edward Goodchild  
12 BIRTHPLACE OF FATHER (State or country) N.Y.C. U.S.A.  
13 MAIDEN NAME OF MOTHER OF DECEDENT Isabella Webb  
14 BIRTHPLACE OF MOTHER (State or country) U.S.A. BRKLYN, N.Y.C.

Witness my hand this 14 day of Dec. 1944  
Signature Samuel S. Chaife, M.D.  
Address Kew-Forest Hosp.

15 SIGNATURE OF INFORMANT Johanna Krauss RELATIONSHIP TO DECEASED Daughter ADDRESS 171 West 80th Street

22 PLACE OF BURIAL JERSEY CITY CEMETERY, N.J. DATE OF BURIAL DECEMBER 18th, 1944

23 FUNERAL DIRECTOR DUNHILL FUNERAL HOME INC. ADDRESS 711 AMSTERDAM AVE. PERMIT NUMBER 3552

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

AUG 11 1988

Irene A Scanlon

IRENE A SCANLON  
CITY REGISTRAR



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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

DOCUMENT NO. B 554920

CITY OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF RECORDS AND STATISTICS

Borough of **MANHATTAN**, New York, N. Y. **FEB 17 1945**

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

BUREAU OF RECORDS DEPARTMENT OF HEALTH BOROUGH OF MANHATTAN		Certificate of Death		26541
FILED 1944 DEC 17 PM 3 23		Certificate No.		
1. NAME OF DECEASED <i>Edward Goodchild</i>		114-07-8788		
PERSONAL PARTICULARS (To be filled in by Funeral Director)		MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)		
2. RESIDENCE (a) State <b>NEW YORK</b>	(b) City <b>NEW YORK</b>	16. PLACE OF DEATH (a) NEW YORK CITY (b) Burial <i>See latter</i>	(c) Name of Hospital or Institution <i>Stark White Hospital</i>	
(d) No. <b>153 West 80th Street</b>	(e) Length of residence or stay in City of New York immediately prior to death <b>LIFE</b>	(d) Length of stay at place of death immediately prior to death <b>11 hours</b>		
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	17. DATES OF DEATH (Month) (Day) (Year) (Hour)	17. DATES OF DEATH (Month) (Day) (Year) (Hour)		
4. NAME OF DECEASED <b>Johanna Walsh Goodchild</b>	18. AGE (Years) (Months) (Days) (Sex) (Male) (Female)	18. AGE (Years) (Months) (Days) (Sex) (Male) (Female)		
5. DATE OF BIRTH OF DECEASED <b>May 27, 1887</b>	21. I HEREBY CERTIFY that (I attended the deceased) (a) <i>physician of this institution attended the deceased</i>	21. I HEREBY CERTIFY that (I attended the deceased) (a) <i>physician of this institution attended the deceased</i>		
6. AGE (Years) (Months) (Days) (Sex) (Male) (Female) <b>57 yrs. 6 mos. 7 days</b>	22. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	22. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
7. OCCUPATION (a) Trade, profession, or occupation (b) Industry or business in which work was done, or the name, address, bank, and location, etc. <b>Long Shoring</b>	23. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	23. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
8. BIRTHPLACE OF DECEASED (a) State <b>NEW YORK</b>	24. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	24. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
(b) County <b>N. Y.</b>	25. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	25. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH <b>U.S.</b>	26. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	26. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
10. WAS DECEASED MALE WITHIN 17 SO, NAME WAS <b>None</b>	27. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	27. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
11. NAME OF FATHER OF DECEASED <b>Edward Goodchild</b>	28. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	28. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
12. BIRTHPLACE OF FATHER (State or country) <b>N.Y.C. U.S.A.</b>	29. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	29. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
13. MARRIAGE NAME OF MOTHER OF DECEASED <b>Isabella Webb</b>	30. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	30. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
14. BIRTHPLACE OF MOTHER (State or country) <b>U.S.A. BRITLYN, N.Y.C.</b>	31. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	31. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
15. NAME OF DECEASED <b>Johanna Walsh</b>	32. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	32. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
RELATIONSHIP TO DECEASED <b>Daughter</b>	33. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	33. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
16. PLACE OF BURIAL <b>JERSEY DIVY CEMETERY, N. J.</b>	34. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	34. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
17. FUNERAL DIRECTOR <b>DUNFIAL FUNERAL HOME INC.</b>	35. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	35. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		
ADDRESS <b>711 AMSTERDAM AVE.</b>	36. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>	36. I HEREBY CERTIFY that death (a) <i>was due to natural causes</i>		

This is to certify that the foregoing is a true copy of a record in my custody.

THOMAS J. DUFFIELD  
Registrar of Records

BY

*Clayton L. Duffield*  
Assistant Registrar of Records

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

May Jesus have mercy  
on the soul of

**Edward J. Goodchild**

Died December 14, 1944

○ GENTLEST Heart of Jesus,  
ever present in the Blessed  
Sacrament, ever consumed with  
burning love for the poor captive  
souls in Purgatory have mercy  
on the soul of Thy departed  
servant. Be not severe in Thy  
judgment but let some drops of  
Thy Precious Blood fall upon the  
devouring flames, and do Thou  
O merciful Saviour send Thy  
angels to conduct Thy departed  
servant to a place of refresh-  
ment, light and peace. Amen.

May the souls of all the faith-  
ful departed, through the mercy  
of God, rest in peace. Amen.

DUNHILL FUNERAL HOME, Inc.  
711 Amsterdam Ave. New York