

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN
Certificate of Death
Certificate No. 13274

FILED
1946 JUN 10 PM 2:10
1. NAME OF DECEASED: Johanna Goodchild
(Print or Type-write) First Name Middle Name Last Name Social Security Number None

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) Co. New York (c) Post Office and Zone New York
(d) No. 790 Columbus Ave.
(If in rural area, give location) XX
(e) Length of residence or stay in City of New York immediately prior to death Life

16 PLACE OF DEATH: Manhattan
(a) NEW YORK CITY: (b) Borough
(c) Name of Hospital or Institution: Knickerbocker Hospital
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death 31 days

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

17 DATE AND HOUR OF DEATH: June 8, 1946 4:30 P.M.
18 SEX: Female 19 COLOR OR RACE: white 20 Approximate Age: 50

4 WIFE of Edward J.

5 DATE OF BIRTH OF DECEDENT: March 18 1896

21 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from May 8, 1946 to June 8, 1946 and last saw her alive at 4 P.M. on June 8, 1946.

6 AGE: 50 yrs. 2 mos. 20 days If LESS than 1 day, hrs. or min.

7 OCCUPATION: A. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
B. Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Own home

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 requiring special preparation for shipment by common carrier.

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

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR: No

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

11 NAME OF FATHER OF DECEDENT: Edward Walsh

Witness my hand this 8th day of June 1946

12 BIRTHPLACE OF FATHER: Ireland

Signature: Edmund C. Rowe M. D.

13 MAIDEN NAME OF MOTHER OF DECEDENT: Johanna Flaherty

Address: Knickerbocker Bldg
790 Columbus Ave., NYC

14 BIRTHPLACE OF MOTHER: Ireland

15 SIGNATURE OF INFORMANT: Johanna Goodchild RELATIONSHIP TO DECEASED: Daughter ADDRESS: 790 Columbus Ave., NYC

22 PLACE OF BURIAL OR CREMATION: Jersey City Cemetery DATE OF BURIAL OR CREMATION: June 11, 1946

23 FUNERAL DIRECTOR: E. Devlin, Inc ADDRESS: 404 West 51st St, NY PERMIT NUMBER: 1040

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
CITY REGISTRAR



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BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK