

VITAL RECORDS CERTIFICATE

Certificate of Death

156-56-207938

FILED

Certificate No.

1. NAME OF DECEASED  
(Print or Typewrite)

Daniel Carlson  
First Name Middle Name Last Name

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. KINGS (c) Post Office and Zone N.Y.  
(d) No. 83 EIGHTH AVE Ave. St.  
(e) Length of residence or stay in City of New York immediately prior to death 12 yrs.

15 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough Bronx  
(c) Name of Hospital or Institution Montefiore  
(If not in hospital or institution, give street and number.)  
(d) If in hospital, give Ward No. W-1

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

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) M.  
8 19 1956 6 A.

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
7 15 1907

17 SEX M 18 COLOR OR RACE W 19 Approximate Age 50

5 AGE 49 yrs. If under 1 year mos. days If LESS than 1 day, hrs. or min.

20 I HEREBY CERTIFY that (~~I attended the deceased~~)\* (a staff physician of this institution attended the deceased)\*

6 Occupation  
a. Usual Occupation (Kind of work done during most of working life, even if retired) UNEMPLOYED  
b. Kind of Business or Industry in which this work was done FURNITURE FINISHER

from August 1, 1956, to August 19, 1956  
and last saw him alive at 5:30 P.M. on August 19, 1956

7 SOCIAL SECURITY NO. 359-03-0808

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 (State or Foreign Country) PUERTO RICO

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

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

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? No 10b. IF YES, Give war or dates of service

Witness my hand this 19 day of August, 1956

11 NAME OF FATHER OF DECEDENT PETER CARLSEN

Signature Simon L. Austin M.D.

12 MAIDEN NAME OF MOTHER OF DECEDENT ELSIE

Address Montefiore Hospital

13 NAME OF INFORMANT Frances Carlson RELATIONSHIP TO DECEASED wife ADDRESS 83-8<sup>th</sup> Av. Brooklyn, N.Y.

14a. Name of Cemetery or Crematory Flushing Cemetery 14b. Location (City, Town or County and State) Flushing, Queens 14c. Date of Burial or Cremation August 23, 1956

21 FUNERAL DIRECTOR Frank A. Campbell ADDRESS The Funeral Church, Inc. 1076 Madison Ave. N.Y.C.

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE 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 and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz  
Steven P. Schwartz, Ph.D., City Registrar

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DEPT. OF HEALTH  
BUREAU OF RECORDS  
MARRIAGES  
NOV 3 1930

STATE OF NEW YORK

CERTIFICATE AND RECORD OF MARRIAGE

No. of Certificate

736

*Daniel J. Carlsen* and *Mary A. Lynch*

Groom's Residence:	<i>309 Lenox Ave. N.Y.</i>	Bride's Residence:	<i>10 Lenox Ave.</i>
Age:	<i>22</i>	Age:	<i>24</i>
Color:	<i>White</i>	Color:	<i>White</i>
Single, Widowed or Divorced:	<i>Single</i>	Single, Widowed or Divorced:	<i>Widow</i>
Occupation:	<i>Hospital attendant</i>	Widow Name, If a Widow:	<i>Mary A. Quigg</i>
Birthplace:	<i>St. Charles Ave.</i>	Birthplace:	<i>Dublin</i>
Father's Name:	<i>Lawrence</i>	Father's Name:	<i>Patrick J. Quigg</i>
Mother's Maiden Name:	<i>Lara Harkness</i>	Mother's Maiden Name:	<i>Catherine Murray</i>
Number of Groom's Marriages:	<i>1</i>	Number of Bride's Marriages:	<i>1</i>

I hereby certify that the above-named groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at *St. Ann's Church* (Street), in the Borough of *Ridgewood*, City of New York, this *30* of *March*, 19*30*

Signature of person performing the Ceremony: *Rev. E. Green*

Official Station:

Witnesses to the Marriage: *Daniel A. Quigg* *Helena Kelly* *Dan* *William*

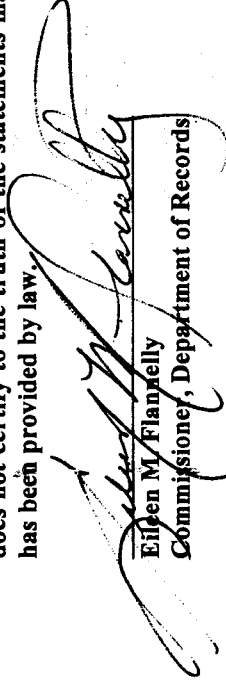
**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES**

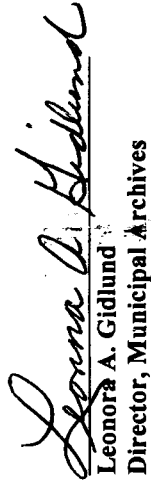
**MUNICIPAL ARCHIVES**

31 Chambers Street  
New York, N.Y. 10007

This exact copy of a \_\_\_\_\_ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.

  
Eileen M. Flannelly  
Commissioner, Department of Records

  
Leonora A. Gidlund  
Director, Municipal Archives

WE hereby certify that we are the Groom and Bride named in  
this Certificate, and that the information given therein is correct, to  
the best of our knowledge and belief.

James Laurence Carlson Groom.

Mary Anne Tynek Bride.

Signed in the presence of

Donald A. Jacoby

and

Helen Callagy

It shall be the duty of the clergymen, magistrates and other persons who perform the marriage ceremony to keep a registry of the marriages celebrated by them. \* \* \* \* \* Every person authorized by law to perform the marriage ceremony shall register his or her name and address in the office of the Bureau of Records (Sec. 158, Sanitary Code). \* \* \* \* \* It shall be the duty of every person required to make or keep any such registry, of \* \* \* \* \* marriage \* \* \* \* \* to present to the Bureau of Records a copy of such registry signed by such person \* \* \* \* \* within ten days after the \* \* \* \* \* marriage which shall thereupon be placed on file in the said Bureau (Sec. 161, Sanitary Code).

N. B. — Sec. 1980, Chap. 466, Laws of 1901, makes the failure to report within ten days, a written copy of the registry of the marriages provided to be registered, a misdemeanor, punishable by fine or imprisonment.

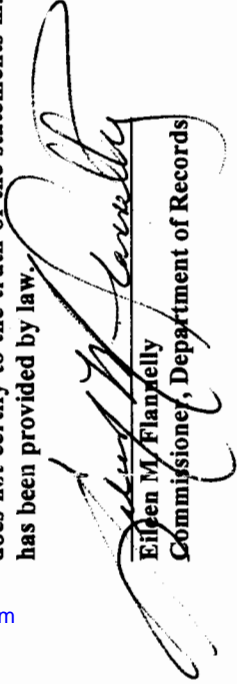
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