

CERTIFICATE AND RECORD OF DEATH

No. of Certificate,

9305
9305*Nicholas Schneider**No*

Color

*W*Place of
Death*163 E 102 St**47* Yrs.

Mos.

Days

Character of
premises, whether
tenement, private,
etc. If hotel, hospital
or other institution,
state full title*Pen*Single, married,
widowed or divorced*No*

Occupation

*Waiter*Father's
Name*Barney*

Birthplace

*Ger*Father's
Birthplace*Regina Funderburg*How long in
S. if foreign
born*16 yrs*Mother's
Maiden
Name*Regina Funderburg*How long resident
in City of New
York*16 yrs*Mother's
Birthplace*Ger*

This is to certify that I,

Coroner in and for

the Borough of

City of New York, have this

21

day

of *March* 190*6*, taken charge of the body offound at *163 E 102 St* in the

Ward of said

borough, and that an inquest thereon is pending.

Coroner.

I hereby certify that I have viewed said body, and from

Ger

and evidence, that he died on the

20

day of

*March*190*6*,at *M*, and that the cause of his death was*Robert Pneumonia*Special INFORMATION required in deaths in hospitals and institutions
in deaths of non-residents and recent residents.

Former or Usual Residence,

How long Resident at Place of Death,

J. D. Lane

M. D.

Coroner's Physician.