

Wilfrid Michael Voynich's Certificate of Death And Grave Site

(From [Voynichiana](#): documents, images, and
research illuminating the lives of Wilfrid and Ethel Voynich and of
Anne M. Nill, Wilfrid Voynich's assistant and Ethel's life-long companion after
Voynich's death.)

Wilfrid Michael Voynich's Certificate of Death And Grave Site

According to his Certificate of Death (available from New York Municipal Archives), Wilfrid Voynich died of lung cancer around three o'clock in the afternoon, March 19, 1930 in Roosevelt Hospital, New York. An autopsy performed the same day showed that his cancer had metastasized to his liver and lymph nodes.

At eleven a.m. March 22 a solemn requiem mass was held for him in the rectory of the Church of St. Agnes at 135 East 43rd Street. Monsignor John P. Chidwick conducted the ceremony.¹ Following the mass, Voynich's remains were taken to Gate of Heaven Cemetery, north of the city in Hawthorne, New York, where they were interred in Section 46, Plot 302, Grave 14. No headstone was placed on his grave. Ethel Voynich is listed as tenant in Gate of Heaven records. Neither Ethel nor Anne Nill is buried there.

Wilfrid Voynich's Certificate of Death

60
48

1 PLACE OF DEATH
BOROUGH OF Manhattan

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS

25-2609-36-B, Form 15 H

STANDARD CERTIFICATE OF DEATH 1344

Name of Institution The Roosevelt Hospital Register No. 1344

2 FULL NAME Wilfrid Michael Voynich

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED or DIVORCED married (Write the word)

15 DATE OF DEATH March 19, 1930
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year) 1

7 AGE 64 yrs. 1 day, 1 hrs. 1 min. If LESS than 1 day, 1 day, 1 hrs. 1 min.

8 OCCUPATION
(a) Trade, profession or particular kind of work Bibliographer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Poland

(9) How long in U.S. (if of foreign birth) 15 yrs (9) How long resident in City of New York 5 yrs

10 NAME OF FATHER Antoni Fulgenty Voynich

11 BIRTHPLACE OF FATHER (State or country) Poland

12 MAIDEN NAME OF MOTHER Amelia Miller

13 BIRTHPLACE OF MOTHER (State or country) Poland

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Former or usual residence Hotel Commodore NYC
Where was disease contracted, if not at place of death?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on March 10, 1930, that I last saw him alive on the 19 day of March 1930, that he died on the 19 day of March 1930, about 3 o'clock A. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:
Carcinoma of Lung
duration 1 yrs. 6 mos. 1 ds.
Contributory Salmonella
(Secondary) duration 1 yrs. 1 mos. 1 ds.
Witness my hand this 19 day of March, 1930
Signature L. J. Campbell M.D.
House Physician

17 I hereby certify that I have this 19 day of March, 1930, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:
Carcinoma of bronchus with metastases to liver and lymph nodes
Signature Lawrence Lohman M.D.
Pathologist Roosevelt Hospital

FILED 18 PLACE OF BURIAL Gate of Heaven Cem. DATE OF BURIAL March 22, 1930
UNDERTAKER James C. Winterbottom ADDRESS 66 W. 51st St.
174

NO NOTULATED CERTIFICATE WILL BE RECEIVED

¹ A telegram of March 20, 1930 from Ethel Voynich to Rev. Mother G. Stevens, Convent of the Sacred Heart, New York describes the plans. File copy held by the Grolier Club, New York, Wilfred [sic] M. Voynich and Ethel Lillian [sic] Voynich Papers, Box 6.

Wilfrid Voynich's Certificate of Death, Reverse:

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 33 and 90).
2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).
3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)
4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)
5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.
6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement. It should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Mr. Voynich (NAME)
the wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit
for the burial or cremation of the remains of deceased Wilfred M. Voynich
Signature James E. Winterbottom
X1721

A map of Gate of Heaven Cemetary, Hawthorne, New York, where Voynich is buried. The location of his grave is marked by the red cross.



The visitor to Voynich's grave who takes the Metro-North Commuter Train out of Grand Central Terminal in New York descends to the small platform at the Mount Pleasant stop, seen below at the right...



...crosses the tracks



...enters Gate of Heaven Cemetary at 10 Stevens Street



...passes the St. Francis of Assisi Mausoleum



...crosses a bridge over a small lake



...turns left just over the bridge to section 46



...and places a bouquet in Plot 302, Grave 14, between the Croghan and Totten gravemarkers.

