

Gravestones and Death Records of Family of Koppelman Wollner & Caroline Fleischman

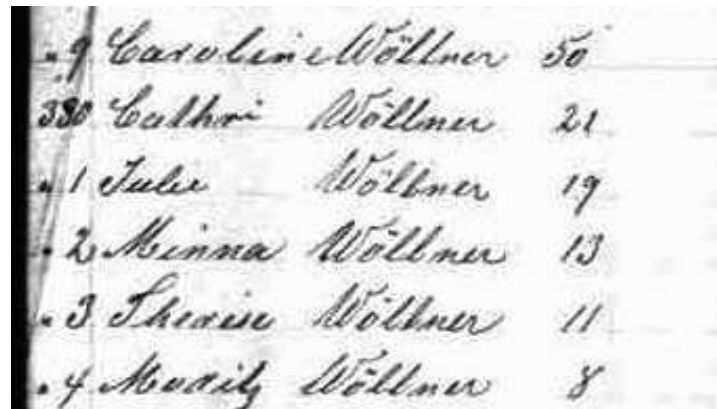
**Salem Fields Cemetery
775 Jamaica Avenue
Brooklyn NY 11208
Off of Jackie Robinson Parkway (Cypress
Hills Road)**

**Cemetery Photos by Carol P. McCoy
3 Mar 2003**

Arrival of Koppelman Wollner in America

- Koppelman Wollner arrived in NYC on the *Saxonia* from Hamburg 12 Jan 1867.
- (Germans to America, Vol. 19 (Jan 1867-Aug 1867) by Glazier & Filby.
- He is wrongly listed as an “artist” since his occupation was confused with that of a nearby passenger.
- His wife, Caroline, came to NYC in Oct. of 1868.
- Koppelman Wollner was a butcher who had a shop on Canal Street, NYC for many years until his death in 1884.

Caroline Wollner Arrives in NYC on the *Rhein* from Bohemia and Bremen, Germany 17 Oct 1868



29	Caroline Wollner	50
30	Cathr Wollner	21
1	Julie Wollner	19
2	Minna Wollner	13
3	Therese Wollner	11
4	Moritz Wollner	8

Caroline Wollner, age 50, arrives with her children Cathr (Catherine), 21; Julie, 19; Minna, 13; Therese, 11; and Moritz, 8.

NY Passenger Lists Series T715 roll 302, list 1111. www.ancestry.com.

All of the above are buried in Salem Fields except for Julie Wollner Pollak, (widow of Sam Pollak) whose burial site is still unknown. Minna became Minnie Cohn, and Catherine married Solomon Mitchell Grouse. Two of Catherine's daughters (Bella and Sarah Estelle) are also in the Wollner plot.

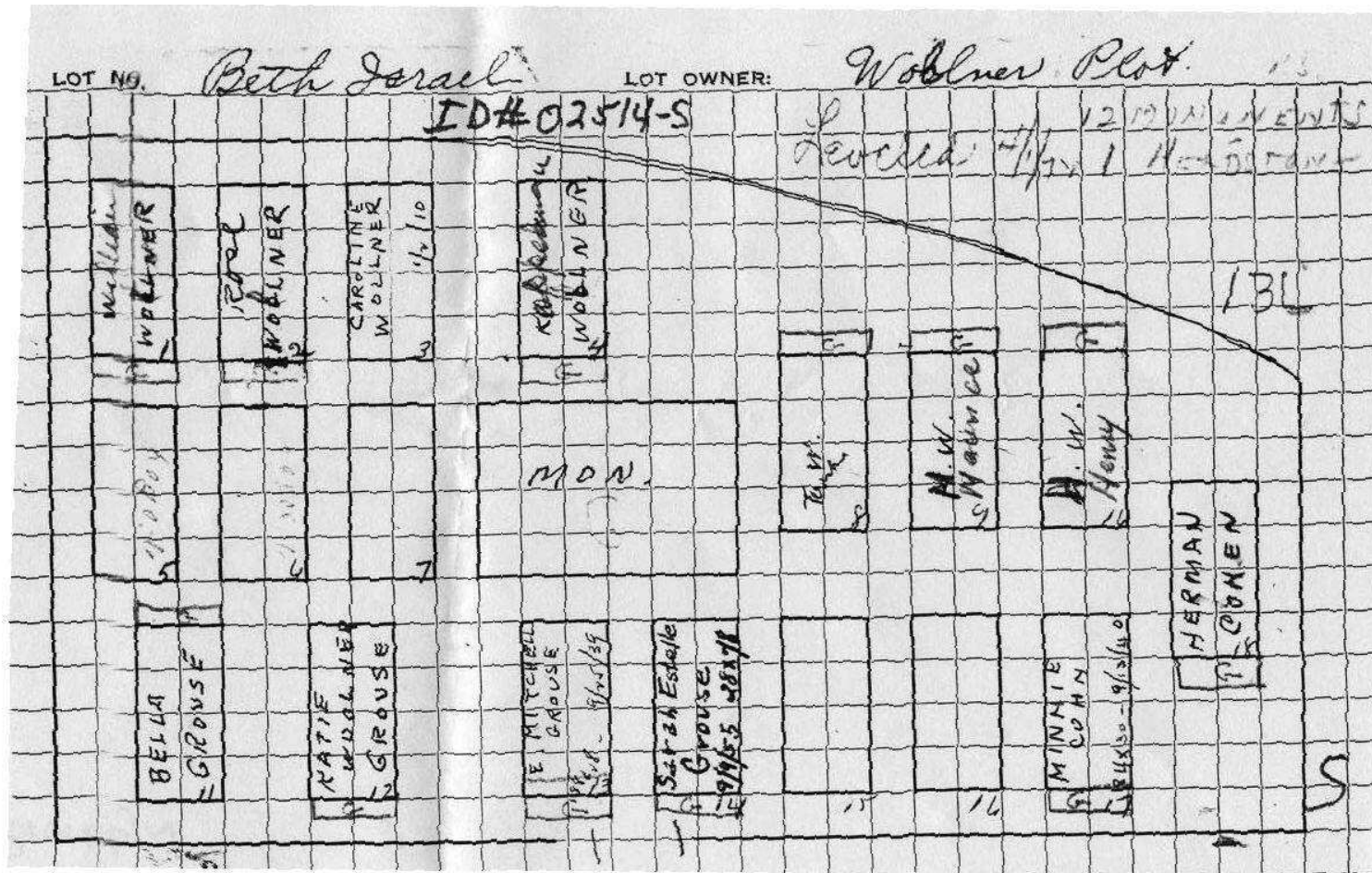
Naturalization of Kaplman Wollner

11 Oct 1869 NYC, Superior Court NYC

W 456			
Family Name	Given Name or Names		
WOLLNER	KAPLMAN		
Title and Location of Court			
SUPERIOR COURT, NEW YORK COUNTY			
Date of Naturalization	Volume or Bundle No.	Page No.	Copy of Record No.
OCT. 11, 1869	228	—	123
Address of Naturalized Person			
65 CANAL ST. N. Y.			
Occupation	Birth Date or Age	Former Nationality	
RESTAURANT	—	EMPEROR-AUSTRIA	
Port of Arrival in the United States		Date of Arrival	
—		—	
Names, Addresses and Occupations of Witnesses To Naturalization			
1	BENEDIX M. ZEHDER 387 E. 8 th ST. N. Y.		
2	(PRINTER)		

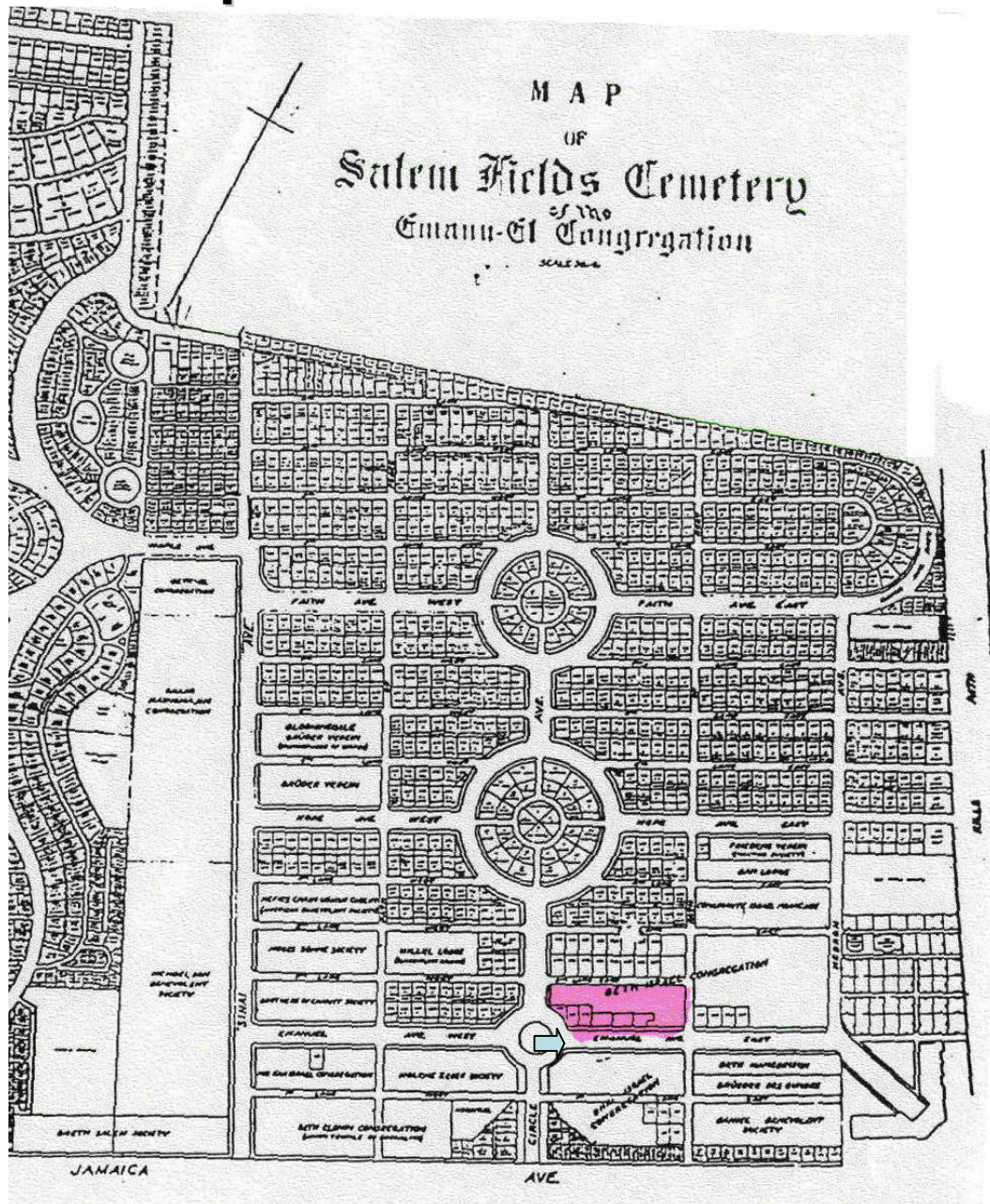
Note: Kaplman Wollner worked in a restaurant, 65 Canal St., NYC
And renounced his allegiance to the Emperor of Austria.

Diagram of Wollner Plot at Salem Fields



Koppelman and Caroline Wollner, and their children--Henry, William, Theresa, Maurice, Kate, and Minnie. Kate's husband Sol Mitchell Grouse and their 2 daughters, Bella and Sarah Estelle Grouse. With Minnie Wollner is her husband Herman Cohn⁵ Rosa Wollner was William Wollner's wife for a very brief time before his death.

Map of Salem Fields of the Emanu-El Congregation



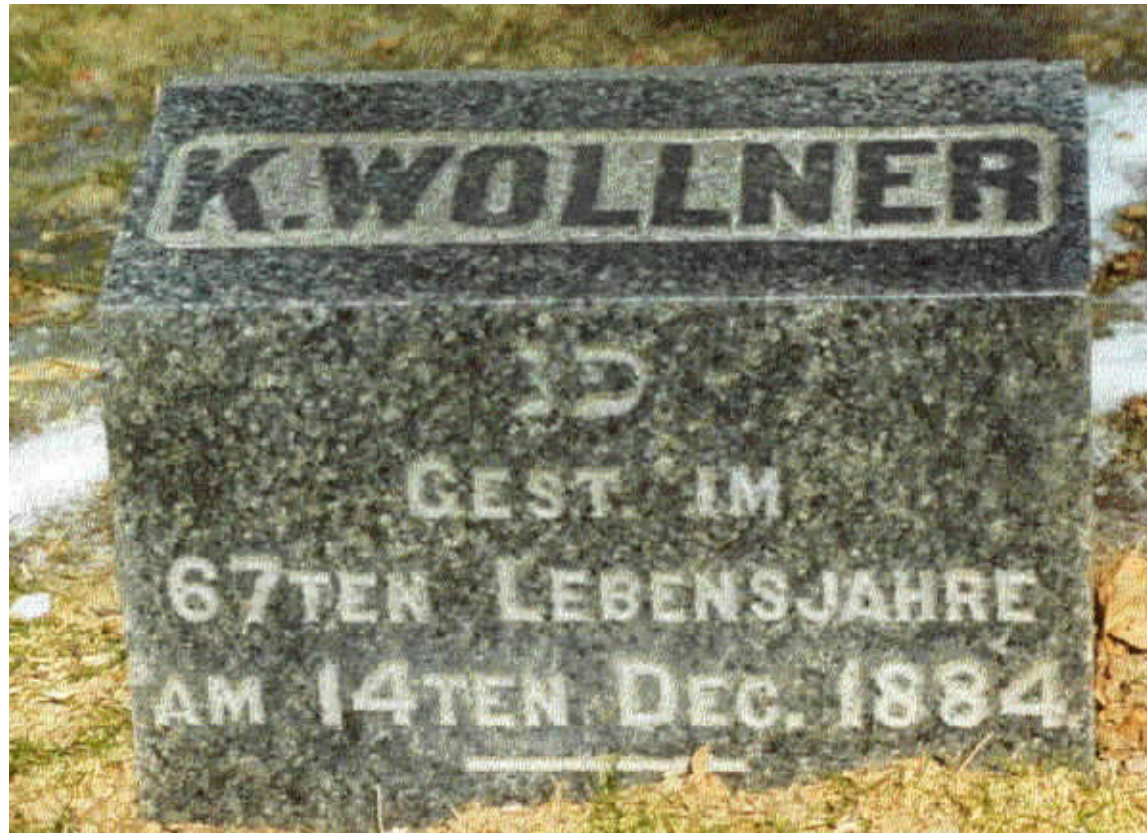
The pink shaded area shows part of the Beth Israel Congregation section.

The blue arrow shows where the Wollner plot is situated. It is very close to the office on 775 Jamaica Avenue.

Wollner Marker at Salem Fields



Koppelman Wollner in Salem Fields, Brooklyn, NY



Here lies K Wollner died in 67th year of life on the 14th of December 1884. According to the cemetery plot at the Salem Fields office, Caroline Wollner is buried next to Koppelman, however, she has no marker.

Death Certificate of Koppelman Wollner

CITY OF NEW YORK. STATE OF NEW YORK. 512588 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

CERTIFICATE OF DEATH, IN THE CITY OF NEW YORK.

1. Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give parents' names. } Koppelman Wollner

2. Age, 67 years, _____ months, _____ days. Color (Race, if other than the white) _____

3. Single, Married, Widower. { Cross out the words not required in this line. } 4. Occupation restaurant

5. Birthplace (or County.) Russia (How long in the United States, if of foreign birth.) 18

6. How long Resident in this City, 18

7. Father's Name and Birthplace, Raphael Wollner (State or Country) Russia

8. Mother's Name and Birthplace, Sarah Wollner (State or Country) Russia

9. Place of Death (please state the name.) No. 65 Canal Street, 10th Ward

10. If a dwelling, by how many families, living separately, occupied, Three Floor 2nd

11. I Heroby Certify, that I attended deceased from Dec. 7 1884, to Dec. 14 1884, that I last saw him alive on the 14 day of Dec. 1884, that he died on the 14 day of Dec. 1884, about 4 o'clock A. M. or P. M., and that, to the best of my knowledge and belief, the Cause of his death was as hereunder written:

Chief and Determining Cause		Duration of Disease in				The duration of each illness when given, is reckoned from its commencement until death.
		Years.	Months.	Days.	Hours.	
Chief and Determining Cause	<u>Apoplexy cerebral</u>			<u>7</u>		
Consecutive and Contributing	<u>Edema pulmonum</u>					
	<u>2</u>					

Sanitary observations, _____

Witness my hand this 15 day of Dec. 1884

of Burial Permit, _____ (Signature) Carl Edick

of Burial, Salemfield

of Burial, Dec. 16, 1884

and _____ of Undertaker, Debra 12 Bista

on for granting Burial Permits, No. 48, hours from 7 A. M. to 5 P. M. on week days; from 8 A. M. to 3 P. M. on Sundays.

By 1st Secy: _____

Koppelman Wollner
 Died 14 Dec 1884
 Age 67
 65 Canal Street
 Restauranter
 Father: Raphael Wollner
 Mother: Sarah
 Born: Austria

Burial: Salemfield

Certificate 512588 in
 1884
 NYC Archives

Death Certificate of Caroline Wollner

14 E-1006
THE CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK
CERTIFICATE AND RECORD OF DEATH

No. of Certificate
95

Caroline Wollner

Sex <i>Female</i>	Color <i>White</i>	Place of Death <i>120 West 117 St</i>
Age <i>96</i> Yrs. <i>8</i> Mos. Days	Character of premises, whether tenement, private, etc., if hotel, hospital or other institution, state full title <i>Private (Boarding House)</i>	
Married, Widowed or Divorced <i>Widow</i>	Father's Name <i>Henry Fleischman</i>	
Occupation —	Father's Birthplace <i>Austria</i>	
Birthplace <i>Austria</i>	Mother's Maiden Name <i>Bertha Becker</i>	
How long in U.S. (if of foreign birth) <i>41 years</i>	Mother's Birthplace <i>Austria</i>	
How long resident in City of New York <i>41 years</i>		

I hereby certify that I attended deceased from *January 1904* to *December 31 1909*, that I last saw *her* alive on the *31st* day of *December* 1909, that *she* died on the *31st* day of *December* 1909, about *7* o'clock *P. M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Simultaneous Myocarditis

78

SPECIAL INFORMATION
required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence }
How long resident }
at place of death }

Witness my hand this *31* day of *December* 1909
(Signature) *Julius W. Brandeis M. D.*
(Residence) *31 West 117 St.*

Caroline Fleischman Wollner died 31 Dec. 1909 age 96 years 8 months. Father: Henry Fleischman Mother: Bertha Becker

Perhaps she does not have a gravestone because she outlived her sons,

Certificate 95, 1910 Manhattan NYC Archives



**Kate Wollner
Married Solomon M.
Grouse in 1872 in NYC**

**Note Kate Grouse
b. 6 Mar 1853
d. 9 Oct 1935
Likely shaves a few
Years off her age.**



**According to her
Arrival record,
Catherine Wollner was
21 when she arrived in
1868!**

Solomon Grouse & Kate Wollner Grouse Commemorative 25th Anniversary Photo 1897



Death Certificate Kate Wollner Grouse

No. A 7818 -1933 **STATE OF NEW YORK** **14-11 25-2602-11-18**

Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
BOROUGH OF Brooklyn
2755 Bedford Ave.
Character of premises, whether tenement, private, hotel, hospital or other place, etc. Private

PRINT FULL NAME KATE WOLLNER GROUSE

2 SEX Female **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED** Married
(Write the word)

6 DATE OF BIRTH OF DECEDENT March 16 1852
(Month) (Day) (Year)

7 AGE 83 7 3
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Austria
(a) How long in U. S. (if of foreign birth): 60 yrs. (b) How long resident in City of New York: 60 yrs.

10 NAME OF FATHER OF DECEDENT Koppelman Wollner
11 BIRTHPLACE OF FATHER (State or country): Austria
12 MAIDEN NAME OF MOTHER OF DECEDENT Caroline Fleischman
13 BIRTHPLACE OF MOTHER (State or country): Austria

14 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from July 16 1935 to Oct. 9 1935, that I last saw her alive on the 9th day of October 1935, that death occurred on the date stated above at 3:25 P.M., and that the cause of death was as follows:
Generalized Arteriosclerosis
Hypertension
Cerebral Hemorrhage
duration yrs. 2 mos. 23 ds.
Contributory Acute Coronary Thrombosis
Operation? None State kind None
duration yrs. 5 mos. 5 yrs.
Witness my hand this 9th day of Oct., 1935

15 SIGNATURE Joseph Friedman M.D.
16 ADDRESS 270 Empire Boulevard

17 PLACE OF BURIAL Salem Fields Cemetery
18 UNDERTAKER Alvin Treubold
DATE OF BURIAL Oct 11 1935
ADDRESS 572 Congress Ave

19 SPECIAL INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

20 INFORMANT

FILED 9

Kate Wollner Grouse
b. 6 Mar 1852 Austria
d. 9 Oct 1935 Brooklyn
Age 83 Y 7 M 3 days
2755 Bedford Ave.
Brooklyn NY
Spouse: Sol. Mitchell Grouse

Father: Koppelman Wollner
Mother: Caroline Fleischman

Certificate 20242 in 1935
Brooklyn, NY
NYC Archives

Wilhelm Wollner Death Certificate

The Health Department of the City of New York
HAS MADE THE FOLLOWING ORDER:

"All Permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons, in the City of New York, shall be granted and signed by the Register of Records."

"The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF VITAL STATISTICS, within 24 HOURS after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practicing in New York City (including those in public institutions) are required to register their names with the Bureau of Vital Statistics. (Sec. 3 of Sanitary Code.)

CERTIFICATE OF DEATH. 332624

1. Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give parents' names. } *Wilhelm Wollner (Wollner)*

2. Age, *35* years, *6* months, *25* days. Color, *White*

3. ~~Single, Married, Widower, or Widowed,~~ (Cross out the words not required by his case.) 4. Occupation, *Welder*

5. Birthplace, (State or Country) *Sabzin Hungary Austria* (How long in the United States, if of foreign birth) *11 years*

6. How long resident in this city, *11 years*

7. Father's Birthplace, (State or Country) *Sabzin Hungary Austria*

8. Mother's Birthplace, (State or Country) *ditto*

9. Place of Death, (If an Institution, please state the name.) No. *230*
534

10. If a Dwelling, by how many families, living separately, occupied, *2* Floor *3^d* Ward *19th*

11. I hereby Certify, that I attended deceased from *October 22^d 1879* to *November 5th 1879*
that I last saw him alive on the *4th* day of *November* 1879, that he died on the *5th* day of *November* 1879, about *5* o'clock, *A. M.* or *P. M.*, and that the Cause of his death was: *1 Intestinal Hepatitis*

First (Primary), *Intestinal Hepatitis* Time from Attack till Death: *from August the 6th up to Nov. 5th*
(Write opposite each cause—if unknown it should be so stated.)

Second (Immediate), *Intention*

All the above information should be furnished by the Physician.

Place of Burial, *Falmfield Cemetery*

Date of Burial, *Nov. 6. 1879*

Undertaker, *D. Pen*

Place of Business, *12 Hester St.*

Reason for granting Burial Permits, No. 48. Hours from 7 A. M. to 6 P. M. on week days; from 8 A. M. to 6 P. M. on Sundays.

If the cause is not the day immediately above it on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.

Please examine the list of diseases printed on the back of this certificate.

Law regulating Coroners' Inquests is the County of New York, Chapter 463, Laws of 1871.

SECTION. — However, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, under the approval of the Board of Health, or as a physician, or as a surgeon, or as any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician who shall view the body of such deceased person external, or make an autopsy thereon, as may be required (preparatory to an inquest).

Wilhelm Wollner died
5 Nov 1879
Age 35 yrs 6 mo. 25 days
Born Austria
In US 11 years

Certificate 332624 1879
NYC
NYC Archives

Death of Minnie Wollner Cohn

1940 SEP 13 AM 9 17 Certificate of Death Certificate No. 19049

1. NAME OF DECEASED (Print) Minnie Cohn

First Name Middle Name Last Name

PERSONAL AND STATISTICAL PARTICULARS
(May be filled in by Funeral Director)

2 USUAL RESIDENCE: Borough Manhattan
No. 509 West 155th Street Ave. St.
(If non-resident, give place and state)

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

4 WIFE Herman Cohn

5 DATE OF BIRTH (Month) (Day) (Year)
February 16 1860

6 AGE 80 yrs 8 mos das hrs min.

7 OCCUPATION
A Trade, profession, or particular kind of work, as spinner, weaver, bookkeeper, etc. Homemaker
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year)
D Total time (years) spent in this occupation

8 BIRTHPLACE (State or country) Vienna, Austria

9 How long in U. S. (If of foreign birth) 70 yrs 10 How long resident in City of New York 70 yrs

PARENTS OF DECEASED
11 NAME OF FATHER OF DECEASED Koppleman Wollner
12 BIRTHPLACE OF FATHER (State or country) Vienna Austria
13 MAIDEN NAME OF MOTHER OF DECEASED Carolyn Flesichman
14 BIRTHPLACE OF MOTHER (State or country) Vienna, Austria

15 NAME OF INFORMANT Fay Felig
ADDRESS 224 184th St RELATION dtr.

23 PLACE OF BURIAL OR CREMATION Salem Fields Cem. DATE OF BURIAL OR CREMATION Sept 13 1940

24 FUNERAL DIRECTOR William M. Mollberg ADDRESS 1407 76th St. PERMIT NUMBER 185

BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK

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

16 PLACE OF DEATH: Borough Manhattan
No. 509 West 155th St. Ave. St.

17 CHARACTER OF PREMISES, WHETHER TENEMENT, PRIVATE, HOTEL, ETC. Tenement
(If institution, give name)

18 DATE OF (Month) (Day) (Year)
DEATH September 12 1940

19 SEX female 20 COLOR OR RACE white 21 APPARENT AGE 80 yrs.

22 I HEREBY CERTIFY that I attended the deceased from Feb. 1938 to Sept. 12th 1940

that I last saw her alive on Sept 12th 1940

and that death occurred on the date stated above at 8:30 P.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, 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 that accompanies this certificate.

I further certify that death was not due to a 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.

Witness my hand this 12th day of Sept. 12th 1940

Signature Harold H. Keschner M. D.

Address 911 Park Ave. NYC

Minnie Cohn
Widow of Herman Cohn
D 12 Sep 1940
Age 80 yrs 8 months
At 509 W 155 St. NYC
B 16 Feb 1860 Vienna
Austria

Father: Koppleman Wollner
Mother: Carolyn Flesichman

Buried: Salem Fields

Certificate 19049 in 1940
NYC
NYC Archives