

## *Roaming Charges: Moments of Dignity: Death*

We deal in *EJIL* with the world we live in – often with its worst and most violent pathologies, often with its most promising signs of hope for a better world. But, inevitably, since our vehicle is scholarship, we reify this world. *Roaming Charges* is designed not just to offer a moment of aesthetic relief, but to remind us of the ultimate subject of our scholarly reflections: we alternate between photos of places – the world we live in – and photos of people – who we are, the human condition. We eschew the direct programmatic photograph: people shot up; the ravages of pollution and all other manner of photojournalism.

'Roaming', 'Charges', and those irritating 'Roaming Charges' – was chosen because of the multiple and at times conflicting meanings, feelings and associations the words, jointly and severally, evoke and which we hope to capture in our choice of photographs. As we roam around the world we aim for images which charge us: please and challenge, even irritate, at the same time. We seek photos which have some ambiguity, are edgy and relate in an indirect way, both to the current circumstance but also to that which is, like human dignity, permanent and enduring.

Take a moment – enjoy, reflect. If you are online, pause before the next click.

Photos from our readers should be sent to [ejil@eui.eu](mailto:ejil@eui.eu).



# THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

DEPARTMENT OF RECORDS  
DEPARTMENT OF HEALTH  
CITY OF NEW YORK

FILED  
9 AUG 71 AM 9 03

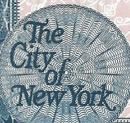
## Certificate of Death

Certificate No. 176-59-11899

1. NAME OF DECEASED **Raphael Lemkin**  
(Print or Typewrite)  
 First Name Middle Name Last Name

PERSONAL PARTICULARS <small>(To be filled in by Funeral Director)</small>		MEDICAL CERTIFICATE OF DEATH <small>(To be filled in by the Physician)</small>	
2. USUAL RESIDENCE: (a) State <u>NY</u> (b) Co. <u>NY</u> (c) Post Office and Zone (d) No. <u>504 W 123 ST.</u> Ave. <u>ST.</u> <small>(If in rural area, give location)</small> (e) Length of residence or stay in City of New York immediately prior to death <u>10 YRS</u>		15. PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough <u>Manhattan</u> (c) Name of Hospital or Institution <u>375 Park Avenue</u> <small>(If not in hospital or institution, give street and no.)</small> (d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, tenacity, etc. <u>OFFICE BUILDING</u>	
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED <small>(write the word)</small> <u>SINGLE</u>		16. DATE AND HOUR OF DEATH <u>August 28th 1959</u> M.	
4. DATE OF BIRTH OF DECEDENT (Month) <u>September</u> (Day) (Year)		17. SEX <u>Male</u> 18. COLOR OR RACE <u>White</u> 19. Approximate Age <u>55 years</u>	
5. AGE <u>53</u> yrs. If under 1 Year days If LESS than 1 Day hrs. or min.		20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at this <u>29th</u> day of <u>August</u> 19 <u>59</u>	
6. OCCUPATION a. Usual Occupation (Kind of work done during most of working life, even if retired) <u>PROFESSOR</u> b. Kind of Business or Industry in which this work was done <u>LAW</u>		I further certify from the investigation and <del>examination</del> <u>examination</u> that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) <del>and</del> <u>and</u> that the causes of death were: <b>PART I</b> (a) Immediate Cause <u>Occlusive Coronary</u> (b) and (c) <u>Arteriosclerosis</u> due to <b>PART II</b> Contributory Causes.	
7. SOCIAL SECURITY NO. <u>-</u>		Signed: <u>Steven P. Schwartz</u> Assistant Medical Examiner Approved: <u>Michael J. Regan</u> Chief Medical Examiner	
8. BIRTHPLACE (State or Foreign Country) <u>POLAND</u>		M. E. Case No. <u>7072</u>	
9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? <u>USA.</u>		13. NAME OF INFORMANT <u>ELIAS LEMKIN</u> RELATIONSHIP TO DECEASED <u>BROTHER</u> ADDRESS <u>1359 54 ST Bklyn.</u>	
10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? <u>-</u> 10b. IF YES, Give war or dates of service		14a. Name of Cemetery or Crematory <u>MT HEBRON</u> 14b. Location (City, Town or County and State) <u>FLUSHING N.Y.</u> 14c. Date of Burial or Cremation <u>9-1-59</u>	
11. NAME OF FATHER OF DECEDENT <u>JOSEPH</u>		17. FUNERAL DIRECTOR <u>GUTTERMAN'S INC.</u> ADDRESS <u>1970 3WAY N.Y.C. N.Y.</u>	
12. MAIDEN NAME OF MOTHER OF DECEDENT <u>BELLA POMERANIAN</u>			

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.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

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



March 23, 2018

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Roaming Charges: Moments of Dignity: Death

