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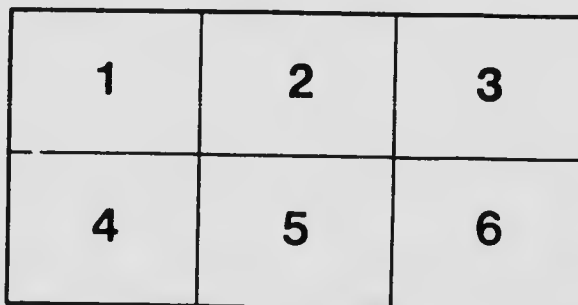
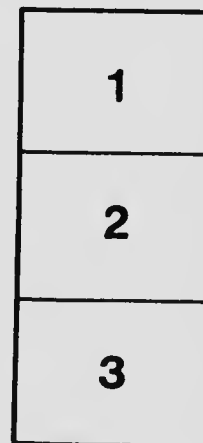
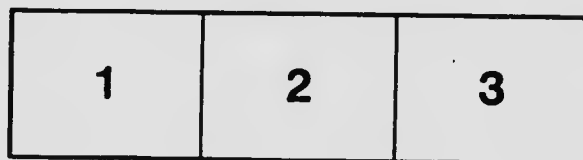
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# MICROCOPY RESOLUTION TEST CHART

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*Cell. Clapton*

# THE CREMATORIUM

(LIMITED)

MONTREAL.

# THE CREMATORIUM

(LIMITED)

(Incorporated by Dominion Letters Patent.)

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## DIRECTORS.

HON. GEO. A. DRUMMOND,      E. S. CLOUSTON,  
President.                      Vice-President

JAS. CRATHERN,              RICHARD WHITE,

JAMES TASKER.

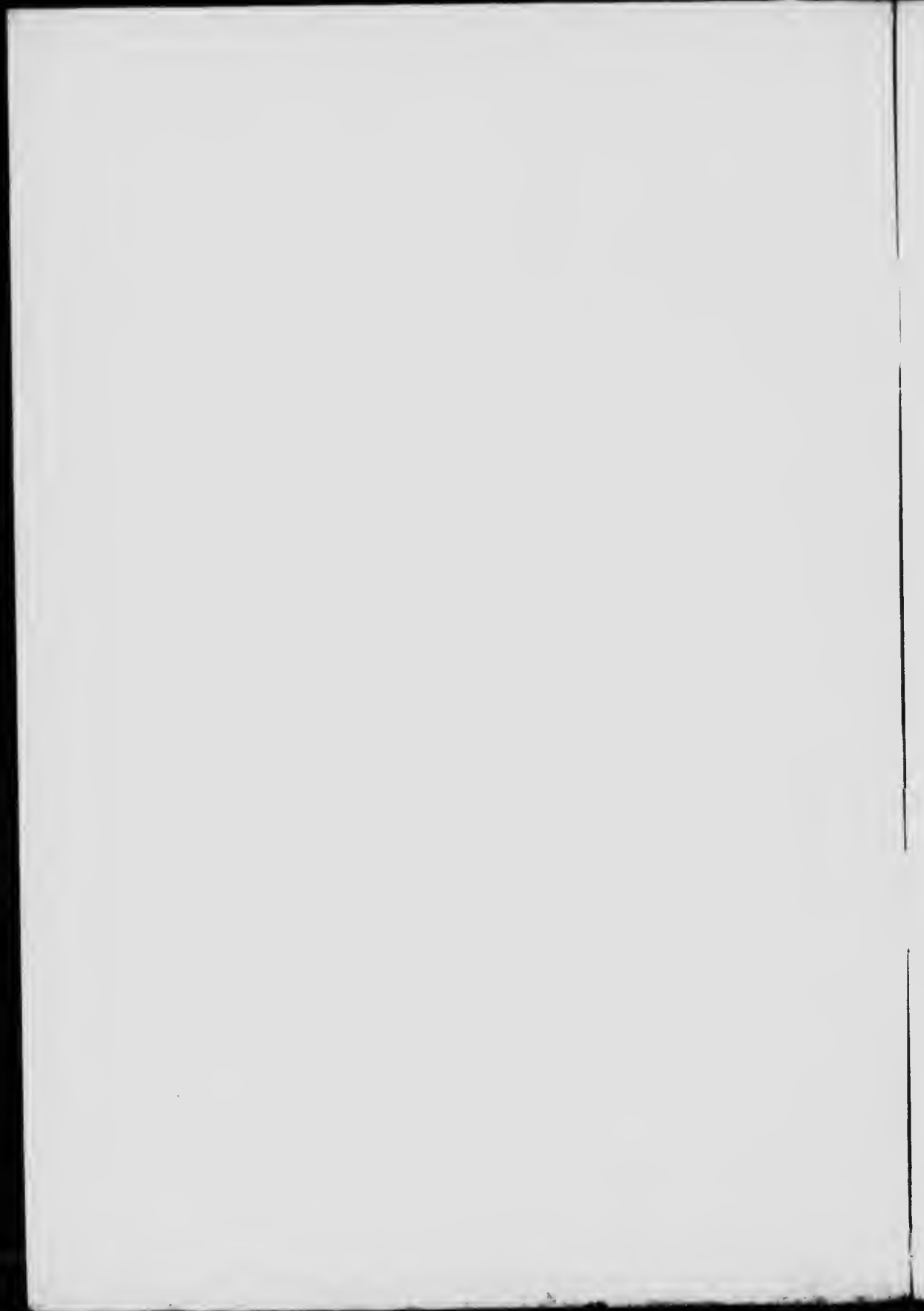
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## OFFICERS.

A. MACKENZIE, B.A., M.D.,      C. A. PETERS, M.D.,  
Medical Referee.              Deputy Medical Referee.

GEO. DURNFORD, Sec.-Treasurer,  
Office Canada Life Building,  
St. James St.

W. ORMISTON ROY, Manager,  
Office Mount Royal Cemetery.



BY-LAWS  
THE CREMATORIUM  
(LIMITED)

ADOPTED FEBRUARY, 1904.

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1. The annual general meeting of the Company for the election of directors, and for the transaction of such business as may come before it, shall be held at such time and place as the directors may from time to time determine.

2. The directors may whenever they see fit, and shall, upon a requisition in writing by shareholders who hold one-fourth part in value of the subscribed stock of the Company, convene an extraordinary general meeting. Five days' notice of such meeting shall be given in writing, by circular letter addressed and mailed prepaid to each shareholder, the object of the meeting to be mentioned in the notice calling the same, and no business other than that referred to in the notice shall be transacted at a special meeting.

3. The president, or, in his absence, the vice-president, shall preside at all general meetings; at all extraordinary meetings the chairman shall be elected by the shareholders present.

4. Votes at all meetings shall be given personally or by proxy. Any shareholder may act as proxy, provided reasonable evidence in writing of his appointment be produced.

5. There shall be five directors of the Company, who shall be elected annually at the annual general meeting.

6. Three at least of the said directors shall at all times (with the exception of those elected at the first meeting) be duly qualified trustees of the Mount Royal Cemetery Company.

7. No remuneration shall be paid to any of the directors, nor shall any director enter either directly or indirectly into any contract with the Company, or derive any pecuniary benefit therefrom.

8. The operations of the Company shall be managed by the directors who shall have full control and management of the property, funds, and assets, real and personal of the Company,





Any and all shares so transferred shall thereafter be known as Qualification Shares, and shall be subject to the conditions set forth in the form of transfer, and no certificate shall be issued for such shares.

11. The directors shall elect from among their number a president and vice-president. The directors may appoint a secretary-treasurer, a manager, and such other officers as they may determine.

12. The secretary-treasurer shall have the custody of the books and records of the Company, and shall keep minutes of all meetings of shareholders or directors, issue the notices for meetings and keep regular books of account, in which shall be entered all the business of the Company; he shall receive all moneys and deposit the same in the bank where the account of the Company is kept. He shall furnish a guarantee bond in a company approved by the directors in the sum of \$10,000.00.

13. All cheques, drafts and promissory notes shall be signed by the president and secretary-treasurer. Cheques, drafts and promissory notes in favor of the Company shall be endorsed by the president and secretary-treasurer, or, if for deposit only, by the secretary-treasurer. In the event of the absence of the president or secretary-treasurer, his signature in any of the above cases may be replaced by that of a director. All amounts over ten dollars shall be paid by the Company's cheque, except wages of employees of the crematorium.

14. The manager shall be under the control and direction in all respects of the directors.

(a) He shall have the general care and custody of the Crematorium; the control and direction of the subordinate officers and men employed therein, and the enforcement of all by-law, rules and regulations enacted by the directors.

(b) He shall pay all moneys and fees received for and on account of the Company to the secretary-treasurer, within twenty-four hours of their receipt.

(c) He shall keep special books of record, make such reports, and perform such other duties appropriate to his office as the directors may from time to time require.

(d) He shall make ample provision for the prompt and sufficient attendance on funeral processions arriving at the Crematorium.

(e) He shall not permit, on any pretext whatever, any cremation without the consent in writing of the Medical Referee of the Company or his deputy, and he may refuse to allow cremation in any case without assigning reasons.

15. The Board shall from time to time appoint a Medical Referee, who must be a registered medical practitioner of not less than five years standing, and must possess such experience and qualifications as will fit him for the discharge of the duties required by him by these by-laws. They shall also appoint a deputy Medical Referee, possessing the like qualifications, to act in the absence of the Medical Referee, and in any case in which the Medical Referee has been the medical attendant of the deceased.

16. The duties of the Medical Referee shall be as follows:—

(1). He shall not give the certificate necessary to allow any cremation to take place if it appears that the deceased left a written direction to the contrary.

(2). He shall not (except where an inquest has been held and a certificate given by the Coroner, which shall be in the form E) authorise any cremation to take place unless he is satisfied that the death of the deceased has been duly established by the production of the forms required in case of burial.

(3). He shall, before authorising the cremation, examine the application of certificates and ascertain that they are such as are required by these regulations, and that the enquiry made by the persons giving the certificates have been adequate. He may make any enquiry with regard to the application and certificates that he may think necessary.

(4). He shall not authorise the cremation unless he is satisfied that the application is made by an executor or by the nearest surviving relative of the deceased, or, if made by any other person, that the fact that the executor or nearest relative has not made the application is sufficiently explained, and that the person making the application is a proper person to do so.

(5). He shall not authorise the cremation unless he is satisfied that the fact and cause of death have been definitely ascertained; and in particular, if the cause of death assigned in the medical certificates be such as, regard being had to all the circumstances, might be due to poison, to violence, to any illegal operation, or to privation or neglect he shall require a post-mortem examination to be held, and if that fails to reveal the cause of death shall decline to allow the cremation unless an inquest be held and a certificate be given by the Coroner in Form E.

(6). If it appears that death was due to poison, to violence, to any illegal operation or to privation or neglect, or if there are

any suspicious circumstances whatsoever, whether revealed in the certificates or otherwise coming to his knowledge, he shall decline to allow the cremation unless an inquest has been held and a certificate given by the Coroner in form E.

(7). If a Coroner has given notice that he intends to hold an inquest on the body, he shall not authorise the cremation to take place until the inquest has been held.

(8). He may in any case decline to allow the cremation without stating any reason.

(9). In cases of persons dying of plague, cholera, yellow fever, or other disease of a like nature, the Medical Referee may permit cremation under an order from the Board of Health.

17. No body shall be cremated until the fees chargeable therefor have been paid, nor shall a body be cremated within twenty-four hours after decease, unless under an order from a duly constituted Board of Health, or unless death has been occasioned by an infectious or contagious disease, and a certificate or permit to that effect, as required by law, is presented to the Manager; and further, no body shall be cremated at any time unless a medical certificate similar to that at the time required for burial has been produced; and further, the Company shall not by cremation or incineration dispose of bodies of persons who have died a sudden or violent death without the permission of the coroner of the district in which such person died.

18. The Manager shall have the right to refuse to cremate in any case without assigning cause.

19. Cremation as well as the disposal and delivery of the ashes shall take place under the direction of the Manager. The coffins in which the bodies are burned shall be constructed entirely of wood, joined without the use of metal nails or clasps or metal ornaments of any kind; they shall not exceed the following dimensions:

Length	not over	7	feet;
Width	"	"	2 "
Height	"	"	2 "

20. Relatives desiring a religious ceremony in the Crematorium must themselves provide for the conduct of it, and shall notify the Manager at a reasonable time in advance.

21. Upon the arrival of the funeral procession at the Crematorium, the coffin shall be placed upon a table before the receiving chamber, and by means of a mechanical contrivance or otherwise



The true answers to the questions set out below are as follows :—

1. Are you an executor or the nearest surviving relative of the deceased ?

2. If not, state

(a) Your relationship to the (a)  
deceased ?

(b) The reason why the appli- (b)  
cation is made by you and  
not by an executor or any  
nearer relative.

3. Did the deceased leave any written directions as to the mode of disposal of his remains ? If so, what ?

4. Have the near relatives of the deceased been informed of the proposed cremation ?

(The term "near relative," as here used includes widow or widower, parents, children above the age of 16 and any other relative usually residing with the deceased.)

5. Has any near relative of the deceased expressed any objection to the proposed cremation ? If so, on what ground ?

6. What was the date and hour of the death of the deceased ?

7. What was the place where deceased died ? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, &c.)

8. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to

(a) violence ;

(b) poison ;

(c) privation or neglect ?

9. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable ?

10. Give the name and address of the ordinary medical attendant of the deceased.

11. Give names and addresses of the medical practitioners who attended deceased during his last illness.

And I make this solemn declaration conscientiously believing the same to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act, 1893.

(Signature)

Declared at  
the \_\_\_\_\_ day of  
before me

(Signature)

B.

#### CERTIFICATE OF MEDICAL ATTENDANT.

I am informed that application is about to be made for the cremation of the remains of  
(name of deceased)  
(address)  
(occupation)

Having attended the deceased before death, and seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date, and at what hour did he or she die?

2. What was the place where the deceased died? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, &c.)

3. Are you a relative of the deceased? If so, state the relationship?

4. Have you, so far as you are aware, any pecuniary interest in the death of deceased?

5. Were you the ordinary medical attendant of the deceased? if so, for how long?

6. Did you attend the deceased during his or her last illness? if so, for how long?

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7. When did you last see the deceased alive? (Say how many days or hours before death.)

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8. How soon after death did you see the body, and what examination of it did you make?

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9. What was the cause of death?

Primary

Secondary

(Specify the disease, injury, &c., and if possible distinguish the primary from the secondary cause as in the Death Certificate.)

What was its duration in years, months or days?

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10. What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, &c.)

What was its duration in days, hours or minutes?

---

11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom.

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12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature, and who performed it?

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13. By whom was the deceased nursed during his or her last illness? (Give names, and say whether professional nurse, relative, &c. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

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15. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?

16. Do you know, or have you any reason to suspect, that the death of the deceased was due directly or indirectly, to

- (a) violence;
- (b) poison;
- (c) privation or neglect?

17. Have you any reason whatever to suppose a further examination of the body to be desirable?

18. Have you given the certificate required for registration of death?

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease

accident  
or which makes it desirable that the body should not be cremated.

(Signature)

(Address)

(Registered qualifications)

(Date)

C

### CONFIRMATORY MEDICAL CERTIFICATE.

I have examined the foregoing medical certificate, and have made personal enquiry as stated in my answers to the questions below:

1. Have you seen the body of the deceased?

2. Have you carefully examined the body externally?

3. Have you made a post-mortem examination?

4. Have you seen and questioned the medical practitioner who gave the above certificate?

14. Who were the persons (if any) present at the moment of death?

5. Have you seen and questioned any other medical practitioner who attended the deceased?

6. Have you seen and questioned any person who nursed the deceased during his last illness, or who was present at the death?

7. Have you seen and questioned any of the relatives of the deceased?

8. Have you seen and questioned any other person?

(In answer to questions 5, 6, 7 and 8, give names and addresses of persons seen and say whether you saw them alone)

I am satisfied that the cause of death was

and I certify that I know of no circumstances which can give rise to any suspicion that death was due wholly or in part to any other cause than disease

or which makes it desirable that the body should not be cremated.

(Signature)

(Address)

(Date)

(Registered qualifications)

(Office)

D.

CERTIFICATE AFTER POST-MORTEM EXAMINATION.

I hereby certify that, acting as Medical Referee to the I made a post-mortem examination of the remains of

(Name)

(Address)

(Occupation)

The result of the examination is as follows :—  
I am satisfied that cause of death was

and that there is no reason *for making any toxicological analysis*  
or (\*) for the holding of an inquest.

(Signature)

(Address)

(Date)

(Registered qualification)

(\*). The words underlined should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.

E.

### CORONER'S CERTIFICATE

I certify that I held an inquest on the body of  
and that the verdict of the Jury was as follows :—  
Medical evidence was given by

I am satisfied from the evidence that the cause of death was  
and that no circumstances exist which  
could render necessary any further examination of the remains  
or a , analysis of any part of the body.

(Date)

(Coroner)

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