

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. JOSEPH P BURG		2. Male	3. April 28, 1969					
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (MRS.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH (CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER)		
4. White		5a. 86	5b. MOS.	5c. HOURS MIN.	6. June 4, 1882	7a. Will		
7b. Joliet		7c. yes		7d. Silver Cross Hospital		(IF NOT IN EITHER, GIVE STREET AND NUMBER)		
8. Illinois		9. U.S.A.		10. Married		11. Mathilda Wallin		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN, WAR OR DATES OF SERVICE (YES, NO)		
12. 707-09-9081		13a. Clerk		13b. Railroad		13c. No		
RESIDENCE STATE		COUNTY		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		STREET AND NUMBER		
14a. Illinois		14b. Cook		14c. Tinley Park		14d. yes 14e. 6607 - 174th Place		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Unknown		Unknown		Unknown			Unknown	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
17a. <i>C. R. Wallin</i>		17b. brother-in-law		17c. 6607 - 174th Place, Tinley Park, Ill. 60477		2 days		
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Hypostatic Pneumonia</i>					2 days	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>Arteriosclerotic Heart Disease</i>					6 yrs	
		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		<i>Senile dementia</i>					AUTOPSY (YES, NO) 19a. yes 19b. YES	
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION								
20a.		20b.						
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED		9:20 AM.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.				
21. I ATTENDED THE DECEASED FROM:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. 4 28 65		21b. 4 28 69	21c. 4 28 69					
21d. AND LAST SAW HIM/HER ALIVE ON:		MONTH	DAY	YEAR				
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER				
22a. <i>C. R. Wallin</i>		22b. 4-28-69		22c. 27007				
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE ZIP		
23. 3470 Nebraska		Frankfort		Illinois		60473		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Tinley Park		24c. Tinley Park, Illinois		24d. April 30, 1969		
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN STATE ZIP		
25a. Hirsch Memorial Chapel, 7151 West 183rd Street, Tinley Park, Illinois		60477		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
FUNERAL DIRECTOR'S SIGNATURE		DATE (MONTH, DAY, YEAR)		BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
25b. <i>Janice Call</i>		25c. 67111		25d. April 29 1969				
LOCAL REGISTRAR'S SIGNATURE		DATE (MONTH, DAY, YEAR)		BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>J. W. Hoff</i>		26b. April 29 1969						