

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

ORIGINAL

120-JUNE-1961

STATE OF ILLINOIS

STATE FILE NUMBER

41854

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO.	REGISTERED NUMBER
080				1610	
1. PLACE OF DEATH a. COUNTY <b>COOK</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>ILLINOIS</b>		b. COUNTY <b>COOK</b>	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in ..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in ..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.			
c. CITY, VILLAGE, OR TOWN <b>CHICAGO</b>		d. LENGTH OF STAY IN 1b or 1c <b>36 years</b>	d. CITY, VILLAGE, OR TOWN <b>Chicago</b>	e. LENGTH OF RESIDENCE AT 2c or 2d <b>36 years</b>	
e. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION <b>5042 So. Wolcott</b>		f. LENGTH OF STAY IN 1b <b>10 months</b>	f. STREET ADDRESS <b>5042 So. Wolcott</b>	g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) <b>Edward</b>		b. (MIDDLE)	c. (LAST) <b>Wredel</b>	4. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>6-18-61</b>	
5. SEX <b>MALE</b>	6. RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>6-8-25</b>	9. AGE (in years last birthday) <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRIVERS JOURNAL</b>		11. BIRTHPLACE (City and state or foreign country) <b>CHICAGO ILL.</b>	
13. FATHER'S FULL NAME <b>CARL Joseph Wredel</b>		14. MOTHER'S FULL MAIDEN NAME <b>Helen Janicki</b>		12. Citizen of what country? <b>U.S.</b>	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		17. INFORMANT a. SIGNATURE <b>Robert Wredel</b>	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).] IMMEDIATE CAUSE (A) <b>ACUTE PULMONARY EDEMA DUE TO CORONARY HEART DISEASE</b>		b. ADDRESS <b>2740 So. Tripp St</b>		c. RELATIONSHIP TO DECEASED <b>Brother</b>	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) <b>ASSOCIATED WITH FATTY LIVER</b>				INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).				19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT (specify) SUICIDE HOMICIDE <b>NATURAL CAUSES</b>		20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18)..			
20c. TIME OF (HOUR) (MONTH) (DAY) (YEAR) INJURY <b>A.M.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)	
21a. Upon medical investigation I find this death was caused as stated above. DATE: _____ SIGNED: _____		21b. Upon official investigation I find the person described died as stated above. DATE: _____ SIGNED: _____			
<b>6-27-61 HAROLD WAGNER M. D. CORONER'S PHYSICIAN.</b>		<b>7-31-61 Andrew J. Tomaszewski M.D. COUNTY CORONER.</b>			
22. DISPOSITION: BURIAL-REMOVAL-CREMATATION (DATE) <b>6-21-61</b>		23. FIRM NAME <b>Kozera Funeral Home</b>			
CEMETERY <b>St. Mary's</b>		ADDRESS <b>1718 W. 48th St.</b>			
LOCATION <b>Evergreen Pk., Illinois.</b>		Chicago 9, Ill.		LICENSE NUMBER <b>4820</b>	
24. Received for filing on		(Signed) <b>Samuel L. Ardelman, M.D.</b>		LOCAL REGISTRAR	

A \_\_\_\_\_  
 B 61-790  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E 341  
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 S \_\_\_\_\_

CAUSE OF DEATH

4201  
5810  
522x

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

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