

L. PLACE OF BIRTH

County of Cook

Registration Dist. No. 2104

Chicago

Village, Township, Primary City, Ward, Precinct, Dist. No.

(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. 334 West 24th St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town WHERE DEATH OCCURRED yrs. mos. da. How long in U. S. if of foreign birth?

STANDARD CERTIFICATE OF DEATH

Registered No. 22508  
(Consecutive No.)

34-524

935

I. FULL NAME George Ruckner

(a) Residence: No. 334 West 24th St.  
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLOR OR RACE White 3. Single, Married, Widowed, or Divorced (write the word) Widowed

4. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

5. DATE OF BIRTH (month, day, and year) Oct. 21/1863

7. AGE Years 71 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Policeman West-Park

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1901 11. Total time (years) spent in this occupation 16 Years

12. BIRTHPLACE (city or town) Chicago (State or country) Illinois

13. NAME John Ruckner

14. BIRTHPLACE (city or town) Unobtainable (State or country) Germany

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) Unobtainable (State or country) Unobtainable

17. INFORMANT Mrs. William Paul (personal signature with pen and ink)

P. O. Address 334 W 24th St

18. PLACE OF BURIAL, Cremation or Removal Cemetery Waldheim 19. DATE 3/14, 1935

Location Chicago (Township, Road Dist., Village or City)

County Cook State Illinois

20. SIGNATURE [Signature] ADDRESS 2917 So. Mich. Ave.

21. SIGNATURE [Signature]

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, and year) March 11 1935

23. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935 to March 11, 1935

I last saw him alive on March 10, 1935; death is said to have occurred on the date stated above, at 7:00 AM

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema Date of onset 2 hrs.

Other contributory causes of importance:

Arterio-sclerosis 20 yrs

Ch. Myocarditis 86 yrs

Coronary - right Lungs 2 months

24. Was an operation performed? no Date of

For what disease or injury?

Was there an autopsy? no

What test confirmed diagnosis? clinical, laboratory

25. If a communicable disease; where contracted? no

Was disease in any way related to occupation of deceased? no

If so, specify how:

(Signed) Norman J. Lundberg M. D.

Address 307 N. Michigan Ave

Date March 12, 1935, 1935 Telephone Beet. 6847

26. E.—State the disease causing death. All cases of death from "violent, casualty, or any undue means" must be referred to the coroner. See Section 16 Coroner's Act.

27. SIGNATURE Norman J. Lundberg

28. P. O. Address 125 MAR 12 1935