

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

3514

374 RRR

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH			REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. COUNTY		COOK COUNTY, ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE		Illinois
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. CITY, VILLAGE, OR TOWN		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.		Cook
c. CITY, VILLAGE, OR TOWN		Chicago		d. CITY, VILLAGE, OR TOWN		Chicago
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address)		En route to Englewood Hosp.		f. STREET ADDRESS		7814 S. Winchester Ave.
3. NAME OF DECEASED a. (FIRST)		George		b. (MIDDLE)		D.
c. (LAST)		Weaver		4. DATE OF DEATH (MONTH) (DAY) (YEAR)		Jan. 31, 1956
5. SEX		Male		6. RACE		white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		Married		8. DATE OF BIRTH		Aug. 18, 1890
9. AGE (in years last birthday)		65		if under 1 year		MONTHS
if under 24 hrs.		DAYS		HOURS		MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Clerk		10b. KIND OF BUSINESS OR INDUSTRY		Horse Racing
11. BIRTHPLACE (City and state or foreign country)		Stowe, Pa.		12. Citizen of what country?		U.S.A.
13. FATHER'S FULL NAME		Unknown		14. MOTHER'S FULL MAIDEN NAME		Unknown
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)		No		16. SOCIAL SECURITY NUMBER		349-01-7704
17. INFORMANT a. SIGNATURE		Nette Scanlan		b. ADDRESS		7814 S. Winchester Ave.
c. RELATIONSHIP TO DECEASED		Neice		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)		Coronary Occlusion
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.		due to (B)		Arteriosclerosis		Interval between ONSET AND DEATH
due to (C)						Sudden
19. AUTOPSY?		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).						
20a. ACCIDENT (specify) SUICIDE HOMICIDE				20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18)..		
20c. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR)		A.M. P.M.				
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: 1-31-56 SIGNED: Henry Goodenberg M. D. CORONER'S PHYSICIAN.		21b. Upon official investigation I find the person described died as stated above. DATE: _____ SIGNED: Walter E. McCreary COUNTY CORONER.				
22. DISPOSITION: BURIAL (BY VA) (BY OTHER) (DATE) Feb. 3, 56 CEMETERY... Mt. Hope... LOCATION... Worth Township... Cook County, Ill.		23. FIRM NAME... W. W. Fern & Sons... ADDRESS... 734 W. 79th St... Chicago 20, Ill... SIGNATURE... W. W. Fern... LICENSE NUMBER 106				
24. Received for filing on		FEB 1 1956		(Signed) Herman J. Bundeser		LOCAL REGISTRAR

VS & R 202 (1955 revision) based on the U. S. Standard Certificate of Death.

A \_\_\_\_\_  
B 71-904  
C \_\_\_\_\_  
D \_\_\_\_\_  
E 380  
F \_\_\_\_\_  
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S \_\_\_\_\_

CAUSE OF DEATH

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

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