

MEDICAL CERTIFICATE OF DEATH

STATE FILE NO. 40028

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS 37-500

DEPT. NO. 3104 REG. NO.

1. PLACE OF DEATH a. COUNTY Cook b. CITY Chicago		2. USUAL RESIDENCE (Where deceased lived 10 months before death) a. STATE Illinois b. CITY Chicago	
3. LENGTH OF STAY in this place 44 yrs		4. FULL NAME OF HOSPITAL OR INSTITUTION Hospital of St. Anthony DePadua	
5. STREET ADDRESS 1919 South Morgan Street		6. DATE OF DEATH 6 1 1954	

7. NAME OF DECEASED (Type or Print) George Calthamer		8. DATE OF BIRTH 7-22-1909	
9. SEX Male		10. AGE in years 44	

11. COLOR OF HAIR White		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. USUAL OCCUPATION Driver		14. KIND OF BUSINESS OR INDUSTRY Express Agency	

15. FATHER'S NAME Frank Calthamer		16. MOTHER'S MAIDEN NAME Martha Gavoraki	
17. WAS DECLARED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) No		18. SOCIAL SECURITY NO. 445-03-6128	

19. CITIZEN OF WHAT COUNTRY? U.S.A.		20. SIGNATURE OF PHYSICIAN ROSEMARY SCHAFER	
21. ADDRESS 2875 W. 19th St.		22. MEDICAL RECORDS	

23. CAUSE OF DEATH a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH b. OTHER SIGNIFICANT CONDITIONS		24. INTERVAL BETWEEN ONSET AND DEATH 6 days	
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25. ENCEPHALITIS (non-contagious)		26. DATE OF OPERATION	
27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

29. ACCIDENT (Specify)		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
31. TIME (Month, Day, Year) OF INJURY		32. INJURY OCCURRED While at <input type="checkbox"/> Rest <input type="checkbox"/> at Work <input type="checkbox"/>	

33. TIME (Month, Day, Year) OF DEATH June 1 1954		34. HOW DID INJURY OCCUR	
35. SIGNATURE OF PHYSICIAN (Date signed) June 1 1954		36. ADDRESS AND PHONE NO. 3724 West 26th CR 7-2246	

37. RECEIVED FOR FILING ON June 4 1954		38. LOCAL REGISTRAR	
39. PLACE OF DEATH Cook County, Illinois		40. SIGNATURE OF REGISTRAR	

41. PUBLISHED DIRECTOR		42. RESERVED FOR STATE OFFICE	
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43. FIRM NAME KRAL & ADOLF		44. ADDRESS 3724 West 26th St. Chicago 2, Ill.	
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45. SIGNATURE OF REGISTRAR		46. SIGNATURE OF DEPUTY REGISTRAR	
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47. SIGNATURE OF LOCAL REGISTRAR		48. SIGNATURE OF PHYSICIAN	
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49. SIGNATURE OF PHYSICIAN		50. SIGNATURE OF REGISTRAR	
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51. SIGNATURE OF REGISTRAR		52. SIGNATURE OF DEPUTY REGISTRAR	
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53. SIGNATURE OF REGISTRAR		54. SIGNATURE OF DEPUTY REGISTRAR	
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55. SIGNATURE OF REGISTRAR		56. SIGNATURE OF DEPUTY REGISTRAR	
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