

MEDICAL CERTIFICATE OF DEATH

STATE
FILE NO.

15250

DECEDENT'S
BIRTH NO.:

STATE OF ILLINOIS

DIST.
NO. 16.92REQ.
NO. 397

1. PLACE OF DEATH

a. COUNTY

COOK

b. CITY (If outside corporate limits, write RURAL and give town-
OR OR RURAL town-OR ship or road dist.)
TOWN

d. FULL NAME OF HOSPITAL OR INSTITUTION

VETERANS ADM., HINES, ILL.

2. USUAL RESIDENCE (Where deceased lived; If Institution: residence before admission).

a. STATE

ILLINOIS

b. COUNTY

Cook

c. CITY (If outside corporate limits, write RURAL and give township or road dist.)
OR TOWN

Chicago

d. STREET ADDRESS (If rural, give location)

3526 Jackson Boulevard

3. NAME OF DECEASED (Type or Print)

a. (First)

FELIX

b. (Middle)

G.

c. (Last)

CHOUNARD

4. DATE OF DEATH

(Month)

4

(Day)

28

(Year)

55

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never married

8. DATE OF BIRTH

10-5-87

9. AGE (In years last birthday)

67

If Under 1 Year

Months

If Under 24 Hrs.

Days

If Under 24 Hrs.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Archibald Chouinard (Deceased)

14. MOTHER'S MAIDEN NAME

Ellen Fenney (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

World War One

16. SOCIAL SECURITY NO.

349 03 0309

17. INFORMANT (Hospitals follow Special Instructions on this item)

a. Signature

Jarome R. Dolezal, Registrar

b. Address

HINES, ILL. FI 3-7200

c. Relationship to the deceased

None

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

*This does not mean the mode of dying, such as heart failure, asphyxia, etc.

It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)

Direct cause (a)

Bilateral bronchopneumonia.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

due to (b)

due to (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death, but not related to the disease or condition causing deathPortal cirrhosis of the liver.
Nephrosclerosis.
Bilateral hydrocele.Unknown
Unknown
Unknown

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at Not While at Work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1955 to April 28, 1955 that I last saw the deceased alive on April 28, 1955, and that death occurred at 3:55 PM (CST) on the causes and on the date stated above.

22a. SIGNATURE

(Degree or title)

23. BURIAL-REMOVAL-CREMATION (date)

5 - 2 - 55

23b. ADDRESS AND PHONE NO.

HINES, ILL. FI 3-7200

23c. DATE SIGNED

4-29-55

24. PLACE OF DEATH
Cemetery: Oakridge
Location: Hillside, Illinois

RECEIVED FOR FILING ON:

APR 30 1955

Signed:

Fred J. Rose

SUB-REGISTRAR
DEPUTY REGISTRAR

LOCAL REGISTRAR: Forest Park, Illinois

Address

Firm Name: SUBURBAN FUNERAL HOME

Address: Maywood, Illinois

Reserved For State Office

License Number 63