

DECEASED'S BIRTH NO.

REGISTRATION
DISTRICT NO.

16.10

STATE OF ILLINOIS

STATE FILE
NUMBER

619795

MEDICAL CERTIFICATE OF DEATH

Type or Print in
PERMANENT INK
See
Funeral Directors
Handbook for
INSTRUCTIONS

A 1-024

B

C 3

db-246

E 085

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

1 4200

2 421

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P

PHYSICIAN'S
CERTIFICATION

BURIAL

| | | | | | | | |
|--|--|--------------------------------|------------------------------------|--|----------------------------------|--|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. JOHN | | LEO | DRISCOLL | 2. MALE | 3. JUNE 28, 1968 | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YRS.) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | PLACE OF DEATH |
| 4. WHITE | | 5a. 73 | 5b. | 5c. | 6. JAN, 11, 1895 | | 7a. COOK |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | | INSIDE CITY (YES/NO) | HOSPITAL OR OTHER INSTITUTION—NAME | | | | (IF NOT IN EITHER, GIVE STREET AND NUMBER) |
| 7b. CHICAGO | | 7c. YES | 7d. ILLINOIS MASONIC HOSPITAL | | | | |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. ILLINOIS | | 9. U.S.A. | | 10. WIDOWED | | 11. | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | | KIND OF BUSINESS OR INDUSTRY | | U.S. WAR VETERAN: WAR OR DATES OF SERVICE (YES/NO) | |
| 12. 344-16-6889 | | 13a. COACH | | 13b. CHICAGO BEARS | | 13c. YES 13d. WORLD WAR I | |
| RESIDENCE STATE | | COUNTY | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) STREET AND NUMBER | |
| 14a. ILLINOIS | | 14b. COOK | | 14c. CHICAGO | | 14d. YES 14e. 226 S. MERRILL | |
| FATHER—NAME | | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | |
| 15. TIMOTHY | | | DRISCOLL | 16. ELIZABETH | | MAHONEY | |
| INFORMANT'S SIGNATURE | | | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Margaret Cooper | | | HOSP | 17b. RECORDS 17c. 836 W. WELLINGTON, CHICAGO, ILL. 60657 | | | |
| PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | | | | |
| 18. IMMEDIATE CAUSE | | | | | | | |
| (a) SEVERE AORTIC STENOSIS | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF: | | | | | | | |
| (b) ARTERIOSCLEROTIC HEART DISEASE | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF: | | | | | | | |
| (c) | | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES/NO) | |
| | | | | | | 19a. YES 19b. YES | |
| DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION | | | | | | | |
| 20a. 20b. | | | | | | | |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT | | | | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED. | |
| 21. ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED | | | | | | 8:50 PM. | |
| I ATTENDED THE DECEASED FROM: | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| 21a. JUNE 20 68 | | TO | 21b. JUNE 28 68 | 21c. JUNE 28 68 | | | |
| SIGNATURE | | DATE SIGNED (MONTH, DAY, YEAR) | | | ILLINOIS LICENSE NUMBER | | |
| 22a. L. Braun M.D. | | 22b. JUNE 29 1968 | | | 22c. 36-24841 | | |
| MAILING ADDRESS—CERTIFIER | | STREET AND NUMBER OR R. F. D. | | CITY OR TOWN | | STATE ZIP | |
| 23. 836 W. WELLINGTON | | CHICAGO | | ILLINOIS | | 60657 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) | |
| 24a. Burial | | 24b. All Saints Cemetery | | 24c. DesPlaines, Illinois. | | 24d. July 2, 1968 | |
| FUNERAL HOME | | NAME | | STREET AND NUMBER OR R. F. D. | | CITY OR TOWN STATE ZIP | |
| 25a. Ryan-Parke Funeral Home, 2118 Lawrence Ave. Chicago, Illinois 60657. | | | | | | | |
| FUNERAL DIRECTOR'S SIGNATURE | | | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | |
| 25b. [Signature] | | | | | | 25c. 2539 | |
| LOCAL REGISTRAR'S SIGNATURE | | | | | | DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | |
| 26a. [Signature] | | | | | | 26b. JUN 30 1968 | |