

DECEDENT'S BIRTH NO.

REGISTRATION  
DISTRICT NO.

16.10

STATE OF ILLINOIS

STATE FILE  
NUMBER

## MEDICAL CERTIFICATE OF DEATH

622518

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

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Urban C. Faber					2. Male	3. September 25, 1976	
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 COUNTY	
4. White	5a. 88	5b.	5c.	6. September 6, 1888		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. 10518 S. Prospect				
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. Iowa	9. U.S.A.		10. Married		11. Frances Knudtson		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE		
12. 342-24-5620	13a. Ball Player	13b. Baseball		13c. W.W. Yes	13d. WWI		
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. 10518 S. Prospect		
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Nicholas Faber						16. Margaret <del>Knudtson</del> Grief	
INFORMANT'S SIGNATURE			RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)			
17a. <i>Frances Faber</i>			17b. Wife	17c. 10518 S. Prospect, Chicago, Ill.			
18. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE							
18a. (a) Coronary Thrombosis			DUE TO OR AS A CONSEQUENCE OF:				1 Day
18b. (b) Arterio Sclerosis			DUE TO OR AS A CONSEQUENCE OF:				Years
18c. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES/NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
			19a. No		19b.		
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION				
20a.			20b.				
I ATTENDED THE DECEASED FROM:			TO	AND LAST SAW HIM/HER ALIVE ON:	HOUR OF DEATH		
21a. 9--16-76			21b. 9-25-76	21c. 9-24-76	21d. 10:00 A.M.		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.		
SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER		
22a. <i>Arthur J. Atkinson</i>			22b. September 25, 1976		22c. 36-16421		
MAILING ADDRESS—CERTIFIER			CITY OR TOWN		STATE ZIP		
23. 54 E. Division			Chicago, Illinois				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Acacia Park		24c. 7800 Irving Park	24d. Chicago	ILLINOIS	1976	
FUNERAL HOME	NAME		STREET AND NUMBER		CITY OR TOWN, STATE, ZIP		
25a. THOMPSON FUNERAL HOME,	5570 W. 95TH. ST.,		OAK LAWN,		ILLINOIS 60453		
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>John B. Thompson</i>			25c. 4620				
LOCAL REGISTRAR'S SIGNATURE			DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>Harvey C. Brown</i>			26b. SEP 27 1976				

DECEASED

PARENTS

CAUSE

PHYSICIAN'S  
CERTIFICATION

BURIAL