

REGISTRATION
DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

631876

Type or Print in
PERMANENT INK
See Funeral Directors',
Hospital, or Physicians'
Handbook for
INSTRUCTIONSDECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Thomas Kane 2. Male 3. November 26, 1973RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER YEAR UNDER DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY
4. White 5a. 66 5b. 5c. 6. Dec 15 1906 7a. CookCITY, 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. St. Mary of Nazareth HospitalBIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Illinois 9. U.S.A. 10. Married 11. Gertrude WalshSOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE
12. 323 10 8950 13a. Office Manager 13b. Petroleum Co. 13c. Yes 13d. WW 2RESIDENCE 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. 5322 W. AgatiteFATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Thomas Kane 16. Margaret ColemanINFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Corinne Stepan 17b. Hos. Rec'd 17c. 1120 N. Leavitt, Chicago, Illinois

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
(a) Acute Myocardial Infarction 2 weeks
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) Coronary Atherosclerosis and Occlusion Unk.
(c) Myocardial Rupture hemoPericardium 1 DayPART 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
Pulmonary Emphysema 19a. Yes 19b.DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) HOUR OF DEATH
21a. 11-16-73 21b. 11-26-73 21c. 11-26-73 21d. 5:25p. 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. Dr. J. Meyenberg 22b. 11-27-73 22c. 36-33043MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
23. 5425 W. Lawrence Chicago Illinois 60630BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. St. Joseph 24c. River Grove, Illinois 24d. 11-29-73FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. John V. May, Inc. 4553-61 Milwaukee Ave. Chicago, Illinois 60630FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Robert F. Schulte 25c. 6500LOCAL REGISTRAR'S SIGNATURE CHICAGO BOARD OF HEALTH DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. [Signature] Chicago Civic Center, Room 105, Concourse Level, Chicago 60602 26b. NOV 28 1973