

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO. 16.0

STATE OF ILLINOIS

STATE FILE
NUMBER9 056963

MEDICAL CERTIFICATE OF DEATH

Type of 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. MAURICE F. SCHICK MALE 3 OCTOBER 25, 1979

RACE (WHITE, BLACK, AMERICAN ORIGIN OR DESCENT) AGE - LAST BIRTHDAY (YR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (1892 YEAR) COUNTY OF DEATH

4a. White 4b. German 5a. 87 5b. 5c. 6 APRIL 17, 7a. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOOR OR EGRESS AND INSTANTLY SPECIFY

7b. HAZEL CREST 7c. SOUTH SUBURBAN HOSPITAL 7d. INPATIENT

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8 ILLINOIS 9 UNITED STATES 10. WIDOWED 11.

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE

12. 339-10-6095 13a. Salesman 13b. Hardware 13c. No 13d.

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE

14. 4037 FITZJAMES 14b. OAK LAWN 14c. YES 14d. COOK 14. ILLINOIS

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15. Max Schick 16. Ida Tants

INFORMANT NAME FIRST MIDDLE LAST HOSPITAL MAILING ADDRESS (STREET, CITY, STATE, ZIP)

17a. DOREEN SCHULTZ HOSPITAL RECORDS 17c. 17800 KEDZIE HAZEL CREST, ILLINOIS 60429

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (B), (D), AND (C)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (IN STATING THE UNDERLYING CAUSE LAST)

(b) CORONARY THROMBOSIS

(c) ARTERIOSCLEROTIC HEART DISEASE

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 (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) HOUR OF DEATH

21a. 12-31-77 TO 21b. 10-25-79 21c. 10-24-79 21d. 6:45 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

22a. SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. 15542 Cicero Oak Forest JLL 22d. 32646

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED

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BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24. Cremation 24b. Mt. Hope Crematory 24c. Chicago Illinois 24d. Oct. 26, 1979

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Blake-Lamb Funeral Home Inc. 4727 W. 103rd St. Oak Lawn Illinois 60453

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR ILLINOIS LICENSE NUMBER

75b. M. J. Samle Jr. 25c. F-175

LOCAL REGISTRAR NAME DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. W. E. DUFFY ACTING REGISTRAR 26b. Joan Hall (C) 26c. October 26, 1979

VR200 (REV. 1-78) Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)