

ORIGINAL

748

STATE OF ILLINOIS

26203

STATE FILE NUMBER

REGISTRATION DISTRICT NO

16.10

REGISTERED NUMBER

DECEDENT'S BIRTH NO.

## MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>COOK</b>		2. USUAL RESIDENCE (where received and b. STATE <b>Illinois</b>	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows <b>CHICAGO</b>		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows <b>Chicago</b>	
c. CITY, VILLAGE, OR TOWN <b>CHICAGO</b>		d. CITY, VILLAGE, OR TOWN <b>Chicago</b>	
e. NAME OF HOSPITAL OR INSTITUTION <b>St. George Hosp.</b>		f. STREET ADDRESS <b>7822 Essex</b>	
3. NAME OF DECEASED a. FIRST <b>Joseph</b>		c. LAST <b>Benz</b>	
4. DATE OF DEATH <b>4 22 1957</b>		5. AGE (in years last birthday) <b>71</b>	
6. SEX <b>Male</b>		7. RACE <b>White</b>	
8. MARRIED <b>Married</b>		9. DATE OF BIRTH <b>Jan. 21, 1886</b>	
10a. USUAL OCCUPATION (if none kind of work done during most of working life, even if retired) <b>Surveyor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ralph H. Burke</b>	
11. BIRTHPLACE (City and state or foreign country) <b>New Alsace, Ind.</b>		12. COUNTRY OF BIRTH <b>U.S.A.</b>	
13. FATHER'S FULL NAME <b>Michael Benz</b>		14. MOTHER'S FULL MAIDEN NAME <b>Mary Wilhelm</b>	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NUMBER	
17. INFORMANT SIGNATURE <i>L. Fitzgibbon</i>		b. ADDRESS <b>449 Winneconna Pkwy.</b>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B), and (C).) IMMEDIATE CAUSE (A) <b>Cerebral Hemorrhage</b>		c. RELATIONSHIP TO DECEASED <b>Hosp. Records</b>	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
due to (C)		<b>5 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (A).			
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.			
21. I hereby certify that I attended the deceased from <b>Feb. 15, 1957</b> to <b>APR. 22, 1957</b> , that I last saw the deceased alive on <b>APR. 22, 1957</b> , and death occurred at <b>1:40 P.M.</b> from the causes and on the date stated above.			
DATE <b>4/22/57</b>		SIGNATURE <i>George Starbuck</i>	
ADDRESS <b>657 W. 79th St.</b>		PHONE <b>Tr 4-6000</b>	
22. DISPOSITION: BURIAL <b>1/25/57</b>		23. FIRM NAME <b>Donnellan Funeral Home</b>	
CEMETERY <b>Holy Sepulchre</b>		ADDRESS <b>7651 Jeffery Boulevard</b>	
LOCATION <b>North, Illinois</b>		Chicago, Illinois	
24. Received for filing on <b>APR 23 1957</b>		SIGNATURE <i>Edward J. Donnellan</i>	
APR 23 1957		54 West Hubbard Street, Chicago 10	
		CHICAGO BOARD OF HEALTH	
		LOCAL REGISTRAR	

MEDICAL CERTIFICATION

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

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