

I. PLACE OF DEATH

County of Cook

Registered 3004  
Dist. No. 3004

CERTIFICATE OF DEATH

City Chicago (City, town, or village)  
Primary Dist. No. 3004  
\* (Cancel the three terms not applicable - Do not enter "A. E.", "E. F. D.", or other P. O. address)

Registered No. 17695  
(Consecutive No.)  
Hospital

Street and Number, Municipal Tuberculosis Hospital  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. 4 mos. 30 da.

2. PLACE OF RESIDENCE: STATE Illinois County Cook Township Head St  
(Usual place of abode) City or Village Chicago Street and Number 53 9th 112th Place

3 (a) PRINT FULL NAME Fred Kommers 10. List No. 13B

3 (b) If veteran, name war NO 3 (c) Social Security No. NO

4. Sex Male 5. Color or race White 6 (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Leta Palmer 6 (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: March 1, 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Subst. of Carbons

11. Industry or business Fuller's Mfg. Co.

12. Name Frank Kommer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Leta Frustrin

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. INFORMANT Wm. Roy J. Haveland  
(Personal signature with pen and ink)

P. O. Address 5401 No. Franklin

17. PLACE OF BURIAL (a) Cemetery Cedar Park (b) DATE 6/17/43  
Location Calumet Temp.  
(Parish, Road Dist., Village & City)

18. Funeral director A. W. Guernsey ADDRESS 643 N 13th #5910  
(Personal signature with pen and ink)

(Firm name, if any)

MEDICAL CERTIFICATE OF DEATH

19. Date of death: Month June day 14 year 1943 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from February 15 to June 14 1943 that I last saw him alive on June 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 yrs

22. (Signed) J. J. Hennrichsen M. D.

Address 5601 No. Delashie Rd. Date June 14 1943 Telephone 4-16

23. If a communicable disease; where contracted? Not known

Was disease in any way related to occupation of deceased? No

If so, specify how:

24. (Signed) J. J. Hennrichsen M. D.

Address 5601 No. Delashie Rd. Date June 14 1943 Telephone 4-16

25. "I, by State the disease causing death. All cases of death from "violence, insanity, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

26. Filed [Signature] Registrar

P. O. Address B43 JUN 14 PM 9 49