

CERTIFICATE OF DEATH

6060 Drexel Ave., St. Woodlawn, Registered No. 390 (Certificate No.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 0 yrs 0 mo 1 da

PLACE OF RESIDENCE: STATE Illinois, County Cook, Township, Road Dist. Chicago, Street and Number 7615 S. Morgan

3 (a) FULL NAME Mr. Charles T. O'leary, 18. LIST NO. 17A

3 (b) If veteran, name war NO, 3 (c) Social Security No. NO, 4. Sex M, 5. Color or race W, 6 (a) Single, widowed, married, divorced single

8 (b) Name of husband or wife, 8 (c) Age of husband or wife if alive years

7. Birth date of deceased October 15 - 1882 (Month) (Day) (Year)

8. AGE: Years 58, Months 2, Days 21, If less than one day hr. min.

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

10. Usual occupation Guard, Sanitary District

11. Industry or business

FATHER { 12. Name Timothy O'leary, 13. Birthplace Fenroy, Ireland (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Ellen O'Connell, 15. Birthplace Fenroy, Ireland (City, town, or county) (State or foreign country)

16. INFORMANT Hospital Records - J. Spencer (personal signature with pen and ink) R., P. O. Address Woodlawn Hospital

17. PLACE OF BURIAL (a) Cemetery Mt. Olivet, (b) DATE 1-9-40, Location Worth, (Township, Road Dist., Village or City) County Cook, State ILLINOIS

18. Registrar Roger Sheehy, ADDRESS 7653 So. Halsted St.

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month Jan, day 6, year 1941, hour 1, minute 50 AM

21. I hereby certify that I attended the deceased from Jan 4 to Jan 6, 1941, that I last saw him alive on Jan 5, 1941, and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Penetrating Aortic Aneurysm - Dissecting

Due to

Due to

Other condition General Peritonitis 2 days (Include pregnancy within 3 months of death)

22. Was an operation performed? No, Date of, For what disease or injury?

Was there an autopsy? Yes, Findings? As Above

23. If a communicable disease, where contracted?

Was disease in any way related to occupation of deceased? No, If so, specify how:

24. (Signed) Clinton G. Elliott, Address 5700 S. Halsted St., Date Jan 6, 1941, Telephone

\*N. B. State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed, P. O. Address, 241 JAN 6 PM Registrar