

20

803

STATE FILE NUMBER

615121

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.
	REGISTERED NUMBER 16.10

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

Type or 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. Ray		William	Schalk		2. Male	3. May 19, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5a. 77	5b.	5c.	6. August 12, 1892		7a. Cook
CITY, 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. Chicago Wesley Memorial Hospital				
BIRTHPLACE (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. Lavinia Graham	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. 118-05-0495		13a. Ball Player		13b. Base Ball		13c. NO	13d.
RESIDENCE 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. 8745 S. Oakley	

DECEASED

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Herman		Schalk			16. Sophia		Brandt		

INFORMANT'S SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
17a. <i>J. Brown</i>	Hospital	17b. Records 17c. 250 East Superior Street	

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) Asphyxia and bronchopneumonia with massive pleural effusion		10 days
DUE TO OR AS A CONSEQUENCE OF:		
(b) Carcinoma of esophagus - extensive metastases		9 months
DUE TO OR AS A CONSEQUENCE OF:		
(c)		

CAUSE

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. Yes	19b. Yes
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. 1958	21b. May 19, 1970	21c. Him May 19, 1970	21d. 1:30 P. M.

PHYSICIAN'S CERTIFICATION

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. <i>Paul S. Rhoads, M.D.</i>	22b. May 20, 1970	22c. 16734	
MAILING ADDRESS—CERTIFIER	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE ZIP
23. 251 East Chicago Avenue	Chicago	Illinois	60611

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. EVER GREEN	24c. EVERGREEN PARK	ILL	24d. 5-22-70	
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. THOMPSON FUNERAL HOME	1718 W. C 3rd ST	CHICAGO ILL.	60636		
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>Hubert Thompson</i>	25c. 4620				
LOCAL REGISTER'S SIGNATURE	CHICAGO BOARD OF HEALTH	DATE REC'D. BY LOCAL REGISTER (MONTH, DAY, YEAR)			
26a. <i>Harvey C. Brown</i>	Chicago Civic Center, Room 105 Concourse Level, Chicago 60602	26b. MAY 20 1970			

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