

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 19630
(Consecutive No.)

1. PLACE OF DEATH	Registration
County of <u>Cook</u>	Dist. No. <u>48</u>
<u>Chicago</u>	*Township *Road Dist. *Village *City
*Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).	
Street and Number, No. _____ St. _____	

 48 South Shore Hospital.
 (If death occurred in hospital or institution, give its name instead of street and number)

 2. FULL NAME Earl Weimer
 (a) Residence No. 4547 Rowet St. _____ Ward, 48
 (Usual place of abode) (If non-resident give city or town and State)

 Length of Residence in city or town where death occurred 25 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED married
 (Write the word)

 5a. If married, widowed or divorced
 HUSBAND of Sandra
 (or) WIFE of

 6. DATE OF BIRTH Nov 29 1873
 (Month) (Day) (Year)

 7. AGE Years _____ Months 6 Days 20 If LESS than 1 day _____ hrs. _____ min.
 OR _____ min.

 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Stedison
 (c) Name of employer

 9. BIRTHPLACE (city or town) Chicago
 (State or Country) Illinois

 10. NAME OF FATHER Adam

 11. BIRTHPLACE OF FATHER (City or Town) Germany
 (State or Country) Germany

 12. MAIDEN NAME OF MOTHER MARY HAVIS

 13. BIRTHPLACE OF MOTHER (City or Town) Unknown
 (State or Country) Germany

 14. INFORMANT Hospital records
 (Personal signature with pen and ink)
 P. O. Address 1111 S. Dearborn

 15. Filed 123 JUN 20 PM 9 47
 P. O. Address _____

MEDICAL CERTIFICATE OF DEATH

 16. DATE OF DEATH (month, day, year) 6/19 1928

 17. I HEREBY CERTIFY, That I attended deceased from June 10 - 1928, to June 19, 1928
 that I last saw him alive on June 19, 1928
 and that death occurred, on the date above, at 11:55 p.m.
 The CAUSE OF DEATH was as follows: acute appendicitis

 (Duration) _____ yrs. _____ mos. 10 ds.
 CONTRIBUTORY (Secondary) Dissected

 (Duration) 10 yrs. _____ mos. _____ ds.

 18. Where was disease contracted, if not at place of death? Emergreen Park, Ill

 Was an operation performed? Yes Date of June 13, 1928

 For what disease or injury? Appendicitis

 Was there an autopsy? No

 What test confirmed diagnosis? operation

 (Signed) A. H. [Signature] M. D.

 Address 626 S. E. 73rd St.

 Date 6-20-28 Telephone 88,888

*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.

 19. PLACE OF BURIAL 21. DATE 6/21 28

 Cremation or Removal Yes

 Cemetery Blue Island

 Location Blue Island

(Township, Road Dist., Village or City)

 County Cook State Ill

20. UNDERTAKER ADDRESS

 (Personal signature with pen and ink) [Signature]

 (Print name, if any) Mr. North Ave