

2011

22378

FILL IN THIS FORM (except signature) WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS ORIGINAL DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH, Registration County of Cook Dist. No. 6320

NORWOOD PARK { \*Village \*Township } Primary Dist. No. 6320 { \*City \*Road-Dist. } (Do not enter "R. R.," "R. F. D.," or other P. O. address)

CERTIFICATE OF DEATH Registered No. 260 (Consecutive No.)

Street and Number, No. St. Ward CHICAGO STATE HOSPITAL Hospital (If death occurred in a hospital or institution, give its NAME instead of street & number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 0 yrs 8 mos 23 ds

PLACE OF RESIDENCE: STATE Ill County Cook Township Road Dist. City or Village Chicago Street and Number 856 Belden Ave

2. (a) PRINT FULL NAME Mat Zieser 19. LIST NO. 400

3. (b) P. MARRIAGE name Mat 3. (e) Social Security No. unk 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single 6. (c) Age of husband or wife if alive years 9-25-1888 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 15 If less than one day hr. min.

4. Birthplace Chicago Ill (City, town, or county) (State or foreign country)

5. Present occupation Special laborer Industry or business State hospital

6. Name Matheas Mathias

7. Birthplace unknown unknown (City, town, or county) (State or foreign country)

8. Maiden name Margaret Meusch

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

10. Informant Name, Address, and Address of Informant H. R. Admire CHICAGO STATE HOSPITAL (personal signature with pen and ink)

11. (a) PLACE OF BURIAL (b) DATE St. Joseph June 13 1942 River Grove Cook Ill (Township, Road Dist., Village or City) State Ill

12. Signature of Registrar with pen and ink: Cyril C. Coombs 2800 W. Belmont Ave ADDRESS

MEDICAL CERTIFICATE OF DEATH 20. Date of death: Month June day 10 year 1942 hour 3 minute 45 AM

21. I hereby certify that I attended the deceased from April 11 1942 to June 10 1942 that I last saw him alive on June 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach & Generalized Metastases Duration 2 mo.

22. { Was an operation performed? No Date of For what disease or injury? Findings? Co. of Stomach - Metastases.

23. If a communicable disease; where contracted? Was disease in any way related to occupation of deceased? If so, specify how?

24. (Signed) Louis Osann M. D. Address 6500 W. Army Pl. Chicago Date June 10 1942 Telephone Pen 270

25. Filed 6-10-42 C. Coombs Registrar P. O. Address 1510 Irving Park Rd. Chicago Ill.

\*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.