

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. <u>16.35</u>	REGISTERED NUMBER <u>93</u>
1. PLACE OF DEATH a. COUNTY COOK		COUNTY, ILLINOIS Illinois		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Cook	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at loc.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.			
c. CITY, VILLAGE, OR TOWN Melrose Park		d. LENGTH OF STAY IN lb. or lc. 2 yrs		d. CITY, VILLAGE, OR TOWN Melrose Park	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) 20th Ave & Main		f. LENGTH OF STAY IN lc. 2 yrs		f. STREET ADDRESS 100 N. 20th Ave	
3. NAME OF DECEASED a. (FIRST) HAROLD		b. (MIDDLE) F.		c. (LAST) BUBSER	
4. DATE OF DEATH JUNE 22 1959		5. SEX Male		6. RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed		8. DATE OF BIRTH Sept. 28, 1895		9. AGE (in years last birthday) 63 if under 1 year MONTHS DAYS HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) repairman		10b. KIND OF BUSINESS OR INDUSTRY V. A. Hospital		11. BIRTHPLACE (City and state or foreign country) Chicago, Ill.	
12. Citizen of what country? U.S.A.		13. FATHER'S FULL NAME Albert Bubser		14. MOTHER'S FULL MAIDEN NAME Kanna McMahon	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NUMBER 340-07-8972		17. INFORMANT'S SIGNATURE Ray J. Barkus	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).) IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE		19. RELATIONSHIP TO DECEASED Wife		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) * due to (C)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT (specify) SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18).			
20c. TIME OF INJURY A.M. P.M.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)	
21a. Upon medical investigation I find this death was caused as stated above. DATE: 6-23-59 Dr. Feldman M. D. CORONER'S PHYSICIAN.		21b. Upon official investigation I find the person described died as stated above. DATE: 6-23-59 Dr. Feldman COUNTY CORONER.			
22. DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 6-25-1959		23. FIRM NAME ED. PRIGNANO FUNERAL HOME			
CEMETERY S.T. JOSEPH		ADDRESS 1815 W. NORTH AVE.			
LOCATION RIVER GROVE ILL.		SIGNATURE Ed Prignano LICENSE NUMBER 5457			
24. Received for filing on June 25, 1959 (Signed) Dr. Feldman		LOCAL REGISTRAR			

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