

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

14573

1034893

1. PLACE OF DEATH, Registration 162
County of COOK Dist. No. 162
PROVISO TOWNSHIP (Village) Township Primary 6308
(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address)
Street and Number VETERAN'S ADMINISTRATION - HINES, ILL. Ward _____
Number, No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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

CERTIFICATE OF DEATH
Registered No. 304
(Consecutive No.) Hospital _____

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 0 yrs. 5 mos. 13 ds.

2. PLACE OF RESIDENCE: STATE ILLINOIS County Cook Township _____ Road Dist. _____
(Usual place of abode—Do not enter "R. R.," "R. F. D.," or other P. O. address)
City or Village Chicago Street and Number 6419 North Lakewood Avenue

3 (a) PRINT FULL NAME JANTZEN, Walter C. 18. LIST NO. _____

3 (b) If veteran, World War 3 (c) Social Security Yes
name war I No. Not remembered
4. Sex Male 5. Color or race White 6 (a) Single, widowed, married, divorced Single
6 (b) Name of ~~husband~~ wife _____ 6 (c) Age of ~~husband~~ or wife if alive _____ years

7. Birth date of deceased April 9 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Poultryman

11. Industry or business _____

FATHER 12. Name Charles Jantzen
13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Hattie Kapotek
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. INFORMANT E. O. Stahlhut
E. O. STAHLHUT REGISTRAR (Personal signature with pen and ink)
P. O. Address HINES, ILL.

17. PLACE OF BURIAL (a) Cemetery Graceland (b) DATE April 5, 1948
Cremation or Removal _____
Location Chicago (Township, Road Dist., Village or City)
County Cook State Illinois

18. Funeral director Wm. J. J. Lavin ADDRESS 5551 N. Ashland
(Personal signature with pen and ink) License No. _____
Lavin & Son (firm name, if any) 6363

MEDICAL CERTIFICATE OF DEATH
20. Date of death: Month April day 1
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
October 18, 1947, to April 1, 1948;
that I last saw him alive on April 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, bladder neck, involving bladder wall and prostate gland, papillary type, with extension and metastases, (malignant) Duration 1 yr.

OTHER CONDITIONS: Degenerative joint disease, multiple, due to ~~sex~~ unknown cause; Osteoarthritis, involving lower thoracic and lumbar region of the spine. Unknown

Other conditions (include pregnancy within 3 months of death)

22. { Was an operation performed? Yes Date of 11-15-47
{ For what disease or injury? Carcinoma 12-18-47

Was there an autopsy? No
Findings? _____

23. If a communicable disease: where contracted? _____
Not communicable
Was disease in any way related to occupation of deceased? No

If so, specify how: _____
(Signed) Walter W. Bentley M. D.
Address HINES, ILL. Milton W. Buehrig, M. D.
Date April 2, 1948 Telephone Col 6700

*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.

Filed APR 2 1948 19 Fred J. Rose
P. O. Address Forest Park, Ill. Registrar

INFORMATION TAKEN FROM HOSPITAL RECORDS