

ORIGINAL

STATE OF ILLINOIS

STATE FILE
NUMBER

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.32	REGISTERED NUMBER 61
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago Heights Ill		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago Heights Ill		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN- 1c or 1d D.O.A.		e. LENGTH OF RESIDENCE AT 2c or 2d 49 Years	
1. NAME OF HOSPITAL OR INSTITUTION St. James Hospital		g. LENGTH OF STAY D.O.A.		1. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 1321 Division St	
b. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH (MONTH) (DAY) (YEAR) 8 12 64	
3. NAME OF DECEASED a. (FIRST) Theodore		b. (MIDDLE) J.		c. (LAST) Pawelek	
5. SEX Male		6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
8. DATE OF BIRTH Aug 15 1919		9. AGE (In years last b-day) 45		10. USUAL OCCUPATION Shipping Clerk	
10a. USUAL OCCUPATION Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor		11. BIRTHPLACE (City and state or foreign country) Chicago Heights Ill	
12. Citizen of what country? U.S.A.		13. FATHER'S FULL NAME Stanley Pawelek		14. MOTHER'S FULL MAIDEN NAME Mary Julia	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes W-W-2 Marines		16. SOCIAL SECURITY NUMBER 329-07-3351		17. INFORMANT a. SIGNATURE Richard George Rowant	
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) Pneumo- Hemothorax		b. ADDRESS 175 N Normandy Ave		c. RELATIONSHIP TO DECEASED Bro-in-law	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) Fractured Ribs		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). Multiple Injuries		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE) Chicago Heights Cook Ill	
21d. TIME OF INJURY (MONTH) (DAY) (YEAR) Aug 12 2 12 64		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto- Tractor Trailer Collision	
22a. Upon medical investigation I find this death was caused as stated above. DATE: 2/13/64 SIGNED: A.L. Santos M.D. CORONER'S PHYSICIAN.		22b. Upon official investigation I find the person described died as stated above. DATE: 2/14/64 SIGNED: Andrew J. Johnson COUNTY CORONER.		23. DISPOSITION: BURIAL- RESCHEDULED Date 2-15-64 CEMETERY Holy Cross Cemetery LOCATION Calumet City, Ill.	
24. FUNERAL DIRECTOR'S SIGNATURE Address 1340 Ohio Blvd. Chicago Heights, Ill. License Number 6469		25. Received for filing on 2-14-64 DPTY- M. Thompson		L. H. BOERMAN LOCAL REGISTRAR	