

Form H. D. V. 102B-Z 30M 5-20 PARENTS Has decedent ever served in military or naval service of U. S. ?

STATE OF ILLINOIS

Department of Public Health—Division of Vital Statistics

HEALTH DEPARTMENT RECORD CITY OF CHICAGO

1. PLACE OF DEATH

Registration Dist. No. 3104 Primary Dist. No.

STANDARD CERTIFICATE OF DEATH

Registered No. 2179

County of COOK

City of CHICAGO

No. 6344 Stewart Ave

St.; 9 Ward 14 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME

Lawrence P. Reis

(a) Residence. No.

11130 Stephenson Ave St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH / 20

3. SEX Male 4. COLOR OR RACE of white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Write the word)

16. DATE OF DEATH January 24, 1921 (Month) (Day) (Year)

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1921, to Jan 24, 1921 that I last saw him alive on Jan 24, 1921

6. DATE OF BIRTH Nov 20, 1878 (Month) (Day) (Year)

and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH\* was as follows: Parenchymatous nephritis

7. AGE Years Months Days 62 2 4 If LESS than 1 day, hrs. OR min.?

(Duration) yrs. 6 mos. ds. Contributors Primary with effusion (Secondary) (Duration) yrs. 14 ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Tinkeeper. (b) General nature of industry, business, or establishment in which employed (or employer). Water Pipe Est. (c) Name of employer. City of Chicago

18. WHERE WAS DISEASE CONTRACTED

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

if not at place of death? None Did an operation precede death? operated chest Date of Jan 20 Was there an autopsy? no

10. NAME OF FATHER John P. Reis

What test confirmed diagnosis? Urinalysis. (Signed) Charles F. Reis, M. D. Address 6301 Stewart Ave. Date Jan 20, 1921 Telephone West 4471

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

12. MAIDEN NAME OF MOTHER Susan Glover

13. BIRTHPLACE OF MOTHER (City or Town) New York (State or Country)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

14. INFORMANT Charles Reis Address 6344 Stewart Ave.

19. PLACE OF BURIAL OR REMOVAL Mt Greenwood 20. DATE OF BURIAL Jan 27, 1921

15. Jan 26 1:41 p.m. Registrar

20. UNDERTAKER A Foshell ADDRESS 7021 S. Halsted