

20355

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

CEMENT'S NO. 20355  
 DEATH NO. 34641

PLACE OF DEATH  
 a. STATE ILLINOIS b. COUNTY COOK  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO  
 d.  CITY

2. a. STATE Indiana b. COUNTY Lake  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town Gary  
 d.  CITY

f. NAME OF HOSPITAL OR INSTITUTION Presbyterian-St. Luke's  
 g. LENGTH OF STAY IN IT 23 Days

3.  OUTSIDE corporate limits and in Township name: Road District No.:  
 f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 716 Filmore St.

9. Did decedent reside ON A FARM? YES  NO

1. NAME OF DECEASED Terence M. Davitt  
 a. (LAST) Davitt b. DATE OF DEATH May 25, 1962  
 c. (MIDDLE) M. d. (DAY) 25 e. (YEAR) 1962

5. SEX Male  
 6. RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married  
 8. DATE OF BIRTH Nov. 7, 1910  
 9. AGE (in years, months, days, hours, min.) 51

10a. USUAL OCCUPATION Vice President  
 10b. KIND OF BUSINESS OR INDUSTRY Motor Co.  
 11. BIRTHPLACE (City and state or foreign country) St. Louis, Mo.  
 12. Citizen of what country? U. S. A.

13. FATHER'S FULL NAME Joseph Davitt  
 14. MOTHER'S FULL MAIDEN NAME Sophia Morriss

15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No  
 16. SOCIAL SECURITY NUMBER 306-03-4365  
 17. INFORMANT a. SIGNATURE Mrs. Loyola - Club b. ADDRESS 1753 W. Congress St. c. RELATIONSHIP TO DECEASED HUSB. Records

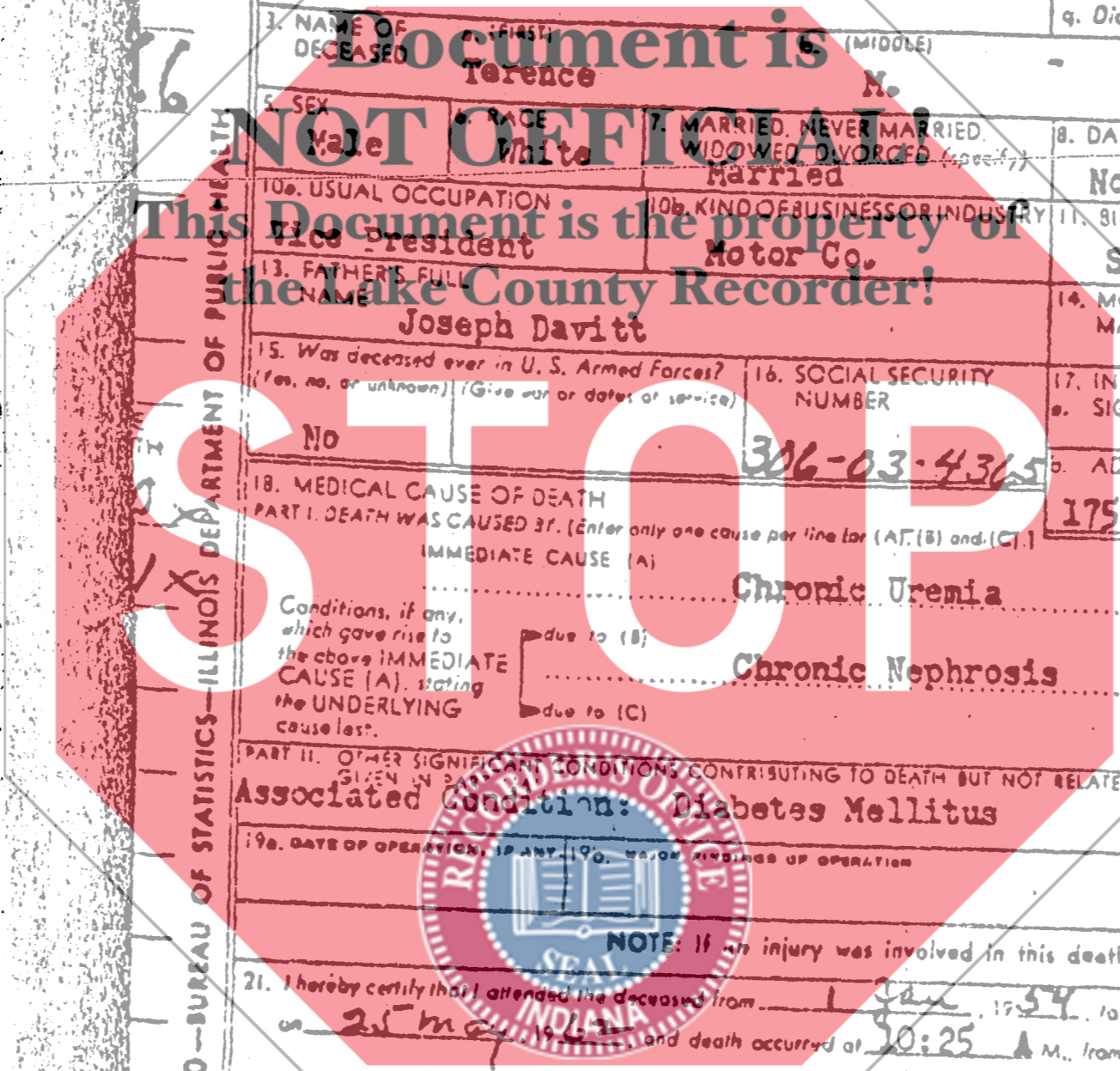
18. MEDICAL CAUSE OF DEATH  
 PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).)  
 IMMEDIATE CAUSE (A) Chronic Uremia  
 Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last: due to (B) Chronic Nephrosis  
 due to (C)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION Associated Condition: Diabetes Mellitus  
 19. DATE OF OPERATION, IF ANY: 10/19/54  
 20. AUTOPSY? YES  NO

NOTE: If any injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from 1 Jan. 1954 to 25 May 1962, that I last saw the deceased alive on 25 May 1962, and death occurred at 10:25 A.M. from the causes and on the date stated above.  
 Signature: Chester Cooperhall M.D. License Number: 26-21992 Date: 25 May 62  
 Address: 104 N. Michigan Ave. Chicago 3, Ill. Phone: An 3-6755

22. DISPOSITION: BURIAL 5-28-62  
 CEMETERY CALUMET PARK  
 LOCATION CROWN POINT, INDIANA  
 SIGNATURE Glenn H. Londer  
 ADDRESS 711 So. HALSTED CHICAGO 28, ILL. Number 4150

24. Received for filing on MAY 26 1962 (Signed) Samuel L. Ardelman, H.O. LOCAL REG.



RETURN TO: STEEL CITY FLD 846 BROADWAY GARY

June 6, 1969

Gary Land Co's. 2nd Subd  
ALL L.36 & L.37 BL.4  
S2 L.38 BL.4

STATE OF ILLINOIS  
COUNTY OF COOK } SS  
CITY OF CHICAGO } Key 44-123-40

I, Morgan J. O'Connell, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

JUN 16 1 39 PM '69  
ANDREW J. RICE, H.O. RECORDER

Morgan J. O'Connell LOCAL REGISTRAR

BOARD OF HEALTH - CITY OF CHICAGO