

58554

At Cook County Department of Public Health - Official Title: Chief Deputy Registrar
1125 South Racine Avenue, Chicago, Illinois 60608

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of fetal deaths and deaths.

Date: **MAY 6 1970**

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

STATE FILE NUMBER **02217**

STATE OF ILLINOIS

William 2nd Add. L.4 Bl.11

MEDICAL CERTIFICATE OF DEATH

1. DECEASED - NAME: **ANNA MARIE MAHLER** SEX: **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR): **MAY 2-70**

2. RACE: **WHITE** AGE - LAST BIRTHDAY (YRS.): **85** UNDER 1 YEAR: **50** UNDER 1 DAY: **85** DATE OF BIRTH (MONTH, DAY, YEAR): **6-1-7-85** PLACE OF DEATH: **COOK** COUNTY: **COOK**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **BURNHAM** INSIDE CITY (YES/NO): **YES** HOSPITAL OR OTHER INSTITUTION - NAME: **THE HOMESTEAD** (IF NOT IN EITHER, GIVE STREET AND NUMBER)

4. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **GERMANY** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **WIDOWED** NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **NONE**

5. SOCIAL SECURITY NUMBER: **304-50-2965** USUAL OCCUPATION: **HOUSE WIFE** KIND OF BUSINESS OR INDUSTRY: **OWN HOME** U.S. WAR VETERAN: **NO** WAR OR DATES OF SERVICE:

6. RESIDENCE - STATE: **INDIANA** COUNTY: **LAKE** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **HAMMOND** INSIDE CITY (YES/NO): **YES** STREET AND NUMBER: **7141 VAN BUREN AVE**

7. FATHER - NAME: FIRST, MIDDLE, LAST: **UNKNOWN** MOTHER - MAIDEN NAME: FIRST, MIDDLE, LAST: **BABETTE FLEISCHMAN**

8. INFORMANT'S SIGNATURE: **Charlotte Sub** RELATIONSHIP: **Home** MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): **14500 S. MANISTEE BURNHAM ILLINOIS 60632**

9. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: **Coronary vascular thrombosis 24 days**

(b) DUE TO OR AS A CONSEQUENCE OF: **Generalized arteriosclerosis years**

(c) PATIENT'S OTHER SIGNIFICANT CONDITIONS: **Arteriosclerotic Heart Disease**

10. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **MAY 15 10 25 AM '70**

11. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT **4:55 P.M.** ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

12. ATTENDED THE DECEASED FROM: MONTH **11** DAY **12** YEAR **69** AND LAST SAW HIM/HER ALIVE ON: MONTH **4** DAY **9** YEAR **70**

13. SIGNATURE: **William S. Smith** DATE SIGNED (MONTH, DAY, YEAR): **5-3-70** ILLINOIS LICENSE NUMBER: **32148**

14. MAILING ADDRESS - CERTIFIER: STREET AND NUMBER OR R. F. D.: **23 William S. Smith M.D. 9229 Commercial Avenue, Chicago, Illinois 60619** CITY OR TOWN: **CHICAGO** STATE: **ILLINOIS** ZIP: **60619**

15. BURIAL, CREMATION, REMOVAL (CITY): **Burial** CEMETERY OR CREMATORY - NAME: **Chapel Lawn** LOCATION: **Schererville** CITY OR TOWN: **Indiana** STATE: **INDIANA** DATE (MONTH, DAY, YEAR): **5-6-70**

16. FUNERAL HOME: NAME: **Schroeders Paper** STREET AND NUMBER OR R. F. D.: **3227 Ridge** CITY OR TOWN: **Lansing** STATE: **ILLINOIS** ZIP: **60438**

17. FUNERAL DIRECTOR'S SIGNATURE: **H. H. Schmeiser** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **4119**

18. LOCAL REGISTRAR'S SIGNATURE: **Deborah W. Kersen** COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **May 4, 1970**

19. JOHN B. HALL, M.D. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **May 4, 1970**

VS 200-(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF STATISTICS (BASED ON 1968 U. S. STANDARD CERTIFICATE)



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