

59762

#204/ 59762

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 605705

REGISTRATION DISTRICT NO. 55
 REGISTERED NUMBER

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 CLARENCE CARLSON 2. MALE 3. FEB. 19, 1970

RACE (SPECIFY) WHITE AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY
 5a. 53 5b. MOE. DAYS HOURS MIN. 5c. AUG. 18, 1916 7a. COOK

TOWN, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
 6. CHICAGO 7c. YES 7d. SOUTH CHICAGO COMMUNITY HOSPITAL

PLACE (STATE OR FOREIGN) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
 8. ILLINOIS 9. U.S.A. 10. NEVER MARRIED 11.

SOCIAL SECURITY NUMBER USUAL OCCUPATION U.S. WAR VETERAN (WAR OR DATES OF SERVICE) (YES/NO)
 12. Not Known 13a. LABORER 13b. CORP. (MILL) 13c. YES 13d. W.W. II

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER
 14. ILLINOIS 14a. COOK 14b. CHICAGO 14c. YES 14d. 10808 AVE. J.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 15. JOHN CARLSON 16. ELLEN MOBERG

DECEASED'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
 17. Mrs. Shirley Red RECORDS 2320 E. 93RD. ST. CHICAGO, ILL. 60617

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 (a) CEREBRAL HEMORRHAGE (NON TRAUMATIC) 12 HOURS
 (b) DUE TO OR AS A CONSEQUENCE OF:
 (c) DUE TO OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WILL FINDINGS BE REPORTED IN BIRTH AND DEATH CERTIFICATES?
 19a. No 19b.

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT M., NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
 ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED 5:45 AM

DECEASED TIME MONTH DAY YEAR DECEASED FROM: AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR
 20. 7-1935 21a. 2-19-70 21b. 2-18-70

SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER
 22. H.W. Zimmerman M.D. 2-19-70 22c. 19546

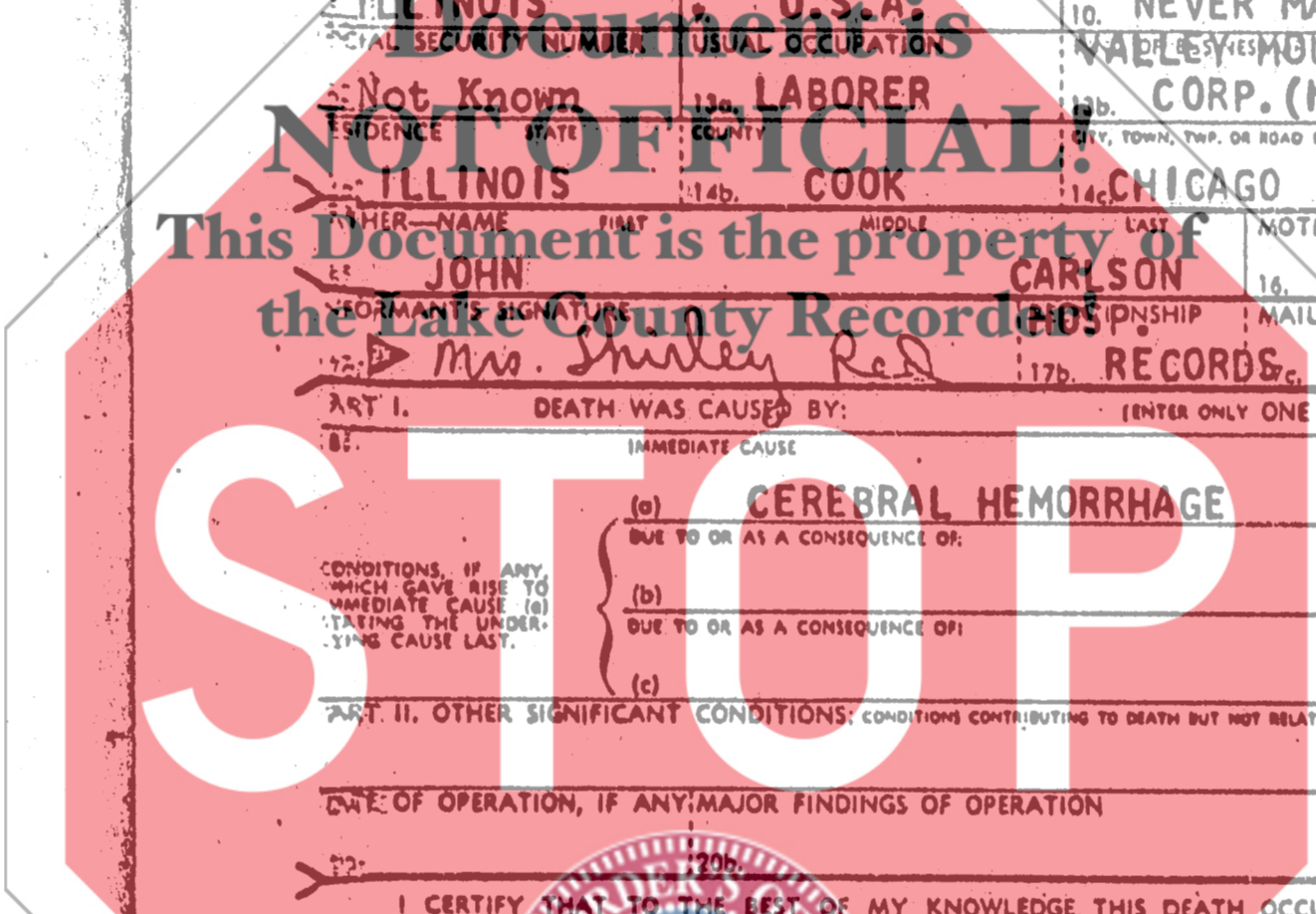
MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
 H.W. ZIMMERMAN 10701 SO. EWING AVE. CHICAGO, ILL. 60617

FINAL CREMATION, (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 23. Burial 24a. Oakwoods 24b. Chicago, Illinois 24c. 2/23/70

GENERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
 The Claude E. Griesel Mortuary 10240 S. Ewing Ave. Chicago, Ill. 60617

GENERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25. Warren J. Smith 3499

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26. Murray C. Brown FEB 20 1970



STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Murray C. Brown, 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 as 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.



Murray C. Brown
LOCAL REGISTRAR