

Bad Copy

CERTIFICATE OF DEATH

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| 1. PLACE OF BIRTH County of Cook Registration 3104 City, Township, Village, School Dist. Chicago Primary Dist. No. 3104 | | STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH Division of Vital Statistics and Records Registered No. 1224 | |
| Street and Number 655 East 90th Street | | | |
| LENGTH OF STAY: In Hospital or Institution * Yr. * Mos. * Day. In Community where death occurred 27 Yr. * Mos. * Day. | | | |
| 2. PLACE OF DEATH State Illinois County Cook City or Village Chicago Street and No. 655 East 90th Street | | 3. (a) FULL NAME Jacob Jacob (b) Social Security No. 326-05-5819 | |
| 3. (b) SEX Male Color or race White | | 4. (a) MARRIED, SEPARATED, DIVORCED, WIDOWED, OR NEVER MARRIED | |
| 5. (b) Name of Spouse or wife Mary Jacob | | 6. (a) Age of Deceased or wife (if alive) 54 years | |
| 7. BIRTHDATE OF DECEASED Month November Day 5 Year 1881 | | 8. AGE OF DECEASED Years 67 Months 2 Days 6 | |
| 9. BIRTHPLACE OF DECEASED City or County Csik-Szarda State or foreign country Hungary | | 10. USUAL OCCUPATION (Kind of job) Machinist | |
| 11. INDUSTRY OR BUSINESS: Steel Mill | | 12. Name George Jacob | |
| 13. Residence Csik-Szarda, Hungary | | 14. Maiden Name Zeno Borbet | |
| 15. Residence Csik-Szarda, Hungary | | 16. Informant Mary Jacob (If and which informant) | |
| 17. PLACE OF BURIAL (a) Cemetery St. Mary's Location Evergreen Park County Cook State Illinois (b) DATE January 15 1949 | | 18. P. O. Address 655 East 90th Street | |
| 19. SIGNATURE OF REGISTRAR Signature John A. Zimmerman Address 9108 Cottage Grove Avenue License Number F. 521 First Name | | MEDICAL CERTIFICATE OF DEATH 20. Date of death: Month JANUARY Day 11 Year 1949 Hour 10 Minute 55 P.M. 21. I hereby certify that I attended the deceased from July 15 1949 until 17/11/49 and that death occurred on the date and hour stated above. Immediate cause of death Coronary Protuberance, Chronic Venemia Associated disease Arteriosclerosis Other conditions (Include pregnancy within 3 months of death) 22. Was an operation performed? No Date of July 15 1949 For what disease or injury? Was there an autopsy? No 23. If a communicable disease, where contracted? Was disease in any way related to occupation of deceased? 24. (Signed) Stanley T. Kuper M.D. Address 9151 Cottage Grove Avenue Date January 12 1949 Telephone Ab. 4-1776 | |

Eugene Blummer
520 Jeffrey Ave
Chicago, Ill.
441

AUG 13 1957

I, STANLEY T. KUPER, Registrar of the County of Cook, in the State of Illinois, and Keeper of the Records and Statistics of said County, do hereby certify that the attached is a true and correct copy of the original record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County, Illinois, this 12th day of January, 1949.

Stanley T. Kuper

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