

Lot 3, Benjamin and ... Subdivided ... Illinois ... shown in Plat Boo 15, page 20, in Lake County, Indiana

103503

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 REGISTRATION DISTRICT NO. 140
 REGISTERED NUMBER 625306

DECLASSED NAME: **MARIE PEELE** SEX: **FEMALE** DATE OF DEATH: **AUGUST 27 1969**

RACE: **WHITE** HEIGHT: **5-00** AMERICAN BORN: **YES** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH: **APRIL 4, 1906** PLACE OF BIRTH: **COOK COUNTY**

CITY, TOWN, ETC. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION: **BILLINGS HOSPITAL**

BIRTHPLACE (STATE OR FOREIGN): **ILLINOIS** CITIZEN OF WHAT COUNTRY: **UNITED STATES** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **MARRIED** NAME OF SURVIVING SPOUSE: **MURRAY HASSELDORF**

SOCIAL SECURITY NUMBER: **36-63-6457** USUAL OCCUPATION: **MAINTENANCE MAN** KIND OF BUSINESS OR INDUSTRY: **GENERAL SCHOOL** U.S. WAR VETERAN: **NO** WAR OR DATES OF SERVICE: **NONE**

RESIDENCE: **7701 DIAZ** STATE: **ILLINOIS** COUNTY: **LAKE** CITY: **HANDS** STREET AND ALIEN: **YES** ALIEN REG. NO.: **6737** ALIEN STATUS: **CITIZEN**

FATHER'S NAME: **WILLIAM RUSSELL**

DEATH WAS CAUSED BY: **Death due to complications of**

OTHER SIGNIFICANT CONDITIONS: **Death due to complications of**

DATE OF OPERATION, IF ANY: **NO** FINDINGS OF OPERATION: **NO**

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT: **3:00 P.M.** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER MUST BE NOTIFIED.

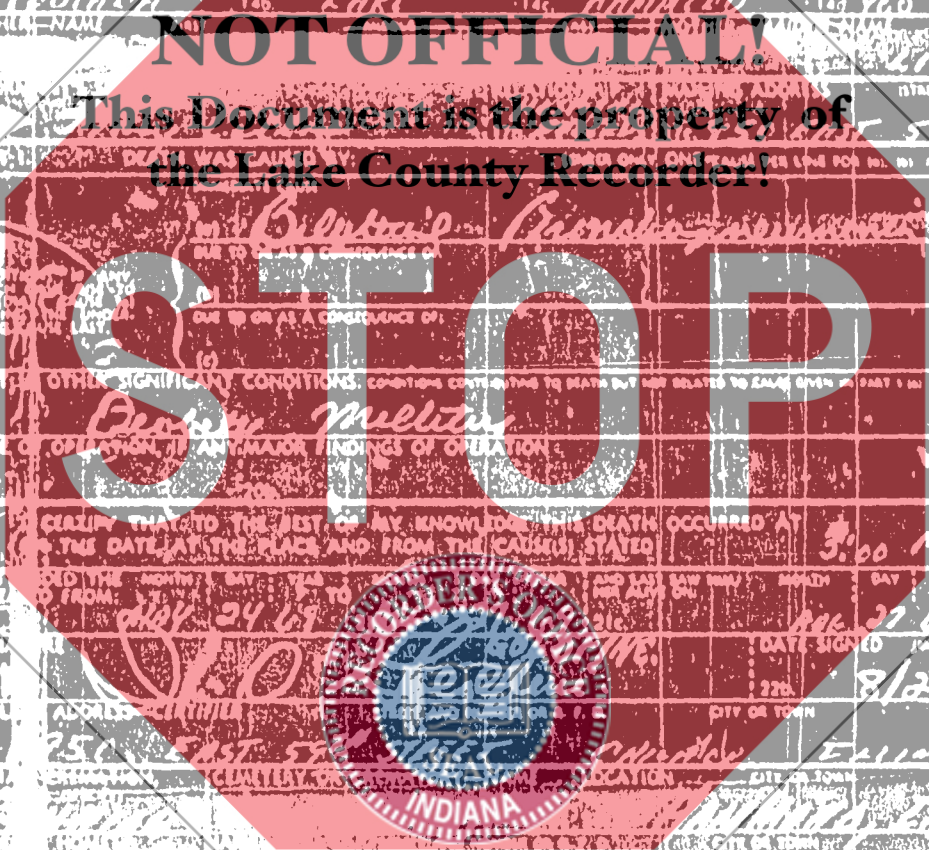
SIGNATURE: **[Signature]** DATE SIGNED: **8/27/69** ILLINOIS LICENSE NUMBER: **36-41706**

ADDRESS: **251 EAST 55th STREET** CITY OR TOWN: **CHICAGO** STATE: **ILLINOIS** ZIP: **60637**

LOCAL REGISTRAR: **[Signature]** DATE RECD BY LOCAL REGISTRAR: **AUG 28 1969**

ISSUED BY: **[Signature]** ILLINOIS LICENSE NUMBER: **10815**

BASED ON 1969 U.S. STANDARD CERTIFICATE



DAVID L. ORR, Court Clerk

421-A