

Holt - Gloria

93042461

CERTIFIED COPY OF A DEATH RECORD

Garfield Park Add
Hols 5, 6, 7, S 1/2 30931 B1.3

Key # 43-46-56, 7432

STATE FILE NUMBER Unit # 25

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS	STATE FILE NUMBER Unit # 25
	REGISTERED NUMBER 1000	MEDICAL CERTIFICATE OF DEATH	

1. DECEASED—NAME FIRST MIDDLE LAST JOHN H. GRIMBLE JR.		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 27, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. Negro		AGE—LAST BIRTHDAY (YRS.) 5a. 76	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Oct. 26, 1891
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. PROVISO TOWNSHIP		INSIDE CITY (YES/NO) 7c. NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. VETERANS ADM., HINES, ILL.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. Louisiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. —
SOCIAL SECURITY NUMBER 12. 33-07-0763	USUAL OCCUPATION 13a. Laborer	KIND OF BUSINESS OR INDUSTRY 13b. Steel Mill	U.S. WAR VETERAN; WAR OR DATES OF SERVICE (YES/NO) 13c. Yes 13d. World War #1
RESIDENCE STATE 14a. Indiana	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Lake	INSIDE CITY (YES/NO) 14c. Gary	STREET AND NUMBER 14d. Yes 14e. 817 W. 25th
FATHER—NAME FIRST MIDDLE LAST 15. JOHN GRIMBLE		MOTHER—MAIDEN NAME FIRST MIDDLE LAST SERINA (not available)	
INFORMANT'S SIGNATURE 17a. PETER A. JENNINGS, Adm. Div.		RELATIONSHIP 17b. records	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM., HINES, ILL. 60141

PART I. DEATH WAS CAUSED BY (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Arteriosclerosis with cardiac, renal and pulmonary congestion		Unknown
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:		
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION 20a.		
20b.		

21. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 11:05 P.M., ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH, THE CORONER MUST BE NOTIFIED.
ATTENDED THE MONTH DAY YEAR 21a. Jul. 11 68	DECEASED FROM: MONTH DAY YEAR 21b. Sept. 27 68	DATE SIGNED (MONTH, DAY, YEAR) 22b. Sept. 28, 1968
SIGNATURE 22a. [Signature]		ILLINOIS LICENSE NUMBER 22c. Permit
MAILING ADDRESS—CERTIFIER 23. VETERANS ADM., HINES, ILL. 60141		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. EVERGREEN	LOCATION CITY OR TOWN STATE 24c. HEWART-INDIANA
FUNERAL HOME NAME 25a. COLLINS FUNERAL PARLORS	STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE 1411 E. 67th ST - Chicago, Illinois	DATE (MONTH, DAY, YEAR) 24d. Oct. 4, 1968
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 4887
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 30 1968

VS 52-201A (1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS (BASED ON 1968 U. S. STANDARD CERTIFICATE) FOREST PARK, ILLINOIS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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 births, stillbirths and deaths.

DATE: SEP 30 1968 SIGNED: Fred J. Rose LOCAL REGISTRAR OF VITAL STATISTICS
AT: FOREST PARK, Illinois. OFFICIAL TITLE:

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VS 52-201A DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics Printed by the Authority of the State of Illinois

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