

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. 37294

4588

BIRTH NO. Illinois REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4588

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lansing City</u>		c. LENGTH OF STAY (In days) (If applicable) <u>12</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>1503 West Roosevelt Ave</u>		d. STREET ADDRESS (If rural, give location) <u>Chicago, Illinois</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>					
3. NAME OF DECEASED a. (First) <u>Alexandre</u> b. (Middle) <u>Vasquez</u> c. (Last) <u>Vasquez</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Aug. 1, 1950</u>	9. AGE (In years last birthday) <u>6-30</u>	IF UNDER 1 YEAR Months <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Salvador Vasquez</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fernandez</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Salvador Vasquez</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza + cold</u> DUE TO (c)				ADDRESS <u>Same</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 week</u> <u>4 1/2 wks</u>
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 29, 1950</u> , to <u>Oct 30</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Oct 30</u> , 19 <u>50</u> and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. B. Casebolt</u> (Degree or title)			23b. ADDRESS <u>2400 Baltimore St. - Chicago, Ill.</u>		23c. DATE SIGNED <u>10/30/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>10-31-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. C. Weichert</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed..... *R. E. Weibert*

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *K. C. S. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.