

THE DIVISION OF HEALTH OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. **34354**

Rec'd
FILED OCT 15 1953

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8969**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8969			
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Cook <i>8120</i>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Chicago		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>8</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. De Paul Hospital			e. STREET ADDRESS (If rural, give location) 7444 Carmen						
3. NAME OF DECEASED (Type or Print) Edward			a. (First)		b. (Middle)		c. (Last) Wojcicki		
4. DATE OF DEATH		(Month) Sep		(Day) 15		(Year) 53			
5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <i>3</i>		8. DATE OF BIRTH Oct 3. 1884		9. AGE (In years last birthday) 68	
IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			10b. KIND OF BUSINESS OR INDUSTRY Tailoring.		11. BIRTHPLACE (City and State or Foreign Country) Poland <i>4</i>			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknwn			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Pauline Wojcicki			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Savoie 7474 St Charles Rock				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage		DUPLICATE TO (b) Duodenal Ulcer					1 wk		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c)					unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 541.0					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-12 <i>1953</i> , to 9-15 <i>1953</i> , that I last saw the deceased alive on 9-15 <i>1953</i> , and that death occurred at 8:15 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) No Schrupel M.D.				23b. ADDRESS 634 No. Grand Ave. St. Louis Mo		23c. DATE SIGNED 9-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-16-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chicago Ill			
DATE REC'D BY LOCAL REG. SEP 16 1953		REGISTRAR'S SIGNATURE J. Earl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington					

(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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *4108*.....

P. O. Address *A. Lavin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.