

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

ORIGINAL

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

9074

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE CHICAGO b. COUNTY COOK	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN IC OR ID 40 YRS		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	
f. NAME OF HOSPITAL OR INSTITUTION ST ANNES' HOSPITAL		g. LENGTH OF STAY IN IT 26 DAYS		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 5219 W POTOMAC AVE.	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) ARTHUR		b. (MIDDLE) GUSTAV		c. (LAST) TEUCHART	
4. DATE OF DEATH FEB. 9, 1965					
5. SEX MALE		6. RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED.	
8. DATE OF BIRTH OCT. 9, 1887		9. AGE (in years last birthday) 77 YRS			
10a. USUAL OCCUPATION SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION Co		11. BIRTHPLACE (City and state or foreign country) BERLIN GERMANY	
12. Citizen of what country? USA		13. FATHER'S FULL NAME UNKNOWN		14. MOTHER'S FULL MAIDEN NAME UNKNOWN	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes WWI		16. SOCIAL SECURITY NUMBER 321-01-2792		17. INFORMANT a. SIGNATURE J. M. Cross - clerk b. ADDRESS 4950 W THOMAS ST. c. RELATIONSHIP TO DECEASED MED. RECS.	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).] IMMEDIATE CAUSE (A) ACUTE CHOLECYSTITIS		Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) OBSTRUCTION OF CYSTIC DUCT BY CALCULUS due to (C) CRONIC CHOLECYSTITIS WITH CHOLELITHIASIS		INTERVAL BETWEEN ONSET AND DEATH 3-days 3-days 1yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (A). ARTERIO SCLEROTIC INFECT OF LEFT PARIETAL LOBE OF BRAIN		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION, IF ANY.		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from 6/10/49, 19 to 2/9/65, 19, that I last saw the deceased alive on 2/9/65, 19, and death occurred at 11:15 AM from the causes and on the date stated above.					
Signature James V. Meynilla, M.D.		Date 2/10/65		Illinois License No. 19220	
Address 3210 Austin		Phone. MU 5-6767			
22. DISPOSITION: BURIAL-REMOVAL-CREMATION Date FEB-12-65		23. FUNERAL DIRECTOR Peterson Funeral Home			
CEMETERY RIDGEWOOD		SIGNATURE John M. Peterson		ADDRESS 4938 W. NORTH	
LOCATION Des Plaines, ILL.		Chicago, ILL. Illinois License No. 4667			
24. Received for filing on FEB 11 1965 (Signed) Samuel L. Abdelman, M.D.		LOCAL REGISTRAR			

U. S. Standard Certificate of Death.

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH.

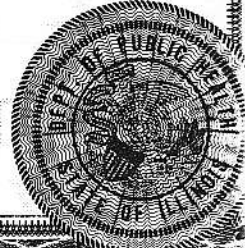
025500

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

JUL 17 2001

STEVEN L. PERRY
DEPUTY STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE