

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO

16.10

STATE OF ILLINOIS

STATE FILE
NUMBER

620725

MEDICAL CERTIFICATE OF DEATH

Type of Print as PERMANENT INK See Funeral Directors' Manual or Physicians' Manual for INSTRUCTIONS	DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH		MONTH	DAY	YEAR			
	1		FRED	C	LINDSTROM	2. MALE	3. OCTOBER 4, 1981		4.					
A. 1032	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MO. DAY YEAR)		COUNTY OF DEATH				
	4a. WHITE		4b. AMERICAN		5a. 75	5b.	5c.	NOVEMBER 21, 1905		Cook				
B. DECEASED	CITY, TOWN, TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)				IF HOSP OR INST INDICATE DOA, OF ENTER THE INSTANT SPECIFY							
	7b. Chicago		MERCY HOSPITAL AND MEDICAL CENTER				7d. INPATIENT							
C. 0505	STATE OF BIRTH (IF NOT IN U.S. GIVE COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE)							
	8. ILLINOIS		9. USA		10. WIDOWED		11.							
D. 290	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		INDUSTRY OR BUSINESS OR AGENCY		U.S. WAR VETERAN (YES/NO)		WAR OR DATES OF SERVICE					
	12. 328-12-4207		13a. POSTMASTER		13b. POSTAL SERVICE		13c. NO		13d. NONE					
E. 290	RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		STATE					
	14a. 3711 N BELL		14b. CHICAGO		14c. YES		14d. COOK		14e. ILLINOIS					
PARENTS	FATHER NAME			FIRST	MIDDLE	LAST	MOTHER MAIDEN NAME			FIRST	MIDDLE	LAST		
	15. FRED					LINDSTROM	16. MARY					SWEENEY		
CAUSE	INFORMANT'S SIGNATURE		REL. HOSP.		MAILING ADDRESS (STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE ZIP)									
	17a. ADM. CLERK Mr. Kelly		17b. REC.		17c. STEVENSON EXPWY AT KING DR.									
3.	18. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	PART I. IMMEDIATE CAUSE		(a) BACTEREMIC SHOCK DUE TO OR AS A CONSEQUENCE OF					8 HOURS						
4. 287	CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDER LYING CAUSE LAST		(b) RECURRENT ESCHERICHIA COLI BACTEREMIA DUE TO OR AS A CONSEQUENCE OF					1 MONTH						
			(c) HYDRONEPHROSIS RIGHT KIDNEY											
5.	PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))		IDIOPATHIC THROMBOCYTOPENIA					AUTOPSY (YES/NO)		IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH				
	20a. DATE OF OPERATION IF ANY		20b. MAJOR FINDINGS OF OPERATION					19a. YES		19b.				
6.	I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	TO	MONTH	DAY	YEAR	AND LAST SEEN ALIVE OR HEAR ALIVE ON	MONTH	DAY	YEAR	HOUR OF DEATH
	21a. AUGUST 28, 1981					21b. OCTOBER 4, 1981				21c. OCTOBER 4, 1981				21d. 4:10P M
7.	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH DAY YEAR)											
	22a. SIGNATURE		22b. OCTOBER 5, 1981											
8.	NAME AND ADDRESS OF CERTIFIER		CHICAGO,					ILLINOIS LICENSE NUMBER						
	22c. WARREN W. FUREY, M.D., 104 S. MICHIGAN AVE., ILL. 60603		22d. 36-7551											
9.	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY HAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED											
	23.													
10.	BURIAL, CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION		CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)					
	24a. BURIAL		24b. ALL SAINTS		24c. DES PLAINES, ILLINOIS				24d. 10/7/81					
11.	FUNERAL HOME		NAME		STREET AND NUMBER OR P.O.		CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)					
	25a. DONNELLAN-FITZGERALD-FRANKLIN		10525 S. WESTERN, CHICAGO, ILL. 60643		10045 SKOKIE BLVD, SKOKIE, ILL.				25b. 4840					
12.	FUNERAL DIRECTOR'S SIGNATURE		25c. CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 121 CONCOURSE LEVEL, CHICAGO 60682					DATE RECD BY LOCAL REGISTRAR (MONTH DAY YEAR)						
	25d. Edward J. Donnellan		25e. OCT 5 1981											
13.	LOCAL REGISTRAR'S SIGNATURE		26a. CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 121 CONCOURSE LEVEL, CHICAGO 60682					26b.						
	26c. [Signature]		26d.											

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