

CERTIFICATE OF DEATH

COUNTY CLERK'S
RECORD

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics and Records

1. PLACE OF DEATH: Registration
 County of Cook Illinois Dist. No. 170
 City, Township, Village, Road Dist. Bremen Primary Dist. No. 6285

Registered No.: 48

Street and Number Cook County Institution Infirmary Hospital
 LENGTH OF STAY: In Hospital or Institution 4 Yrs. 5 Mos. 30 Days; In Community where death occurred 4 Yrs. 5 Mos. 30 Days.

2. PLACE OF State Illinois County Cook Township, Road Dist. }
 RESIDENCE City or Village Chicago Street and No. 5224 S. Hermitage

3.(a) FULL NAME Frank Haleway 19. Int. List Number

3.(b) If Veteran name war -- 3.(c) Social Security No. 42-29

4. Sex Male Color or race White 5.(a) ~~SINGLE~~ MARRIED, ~~SEPARATED~~ WIDOWED

5.(b) Name of husband or wife Blanche

5.(c) Age of husband or wife (if alive) _____ years

7. BIRTHDATE OF DECEASED Month July Day 5 Year 1902

8. AGE OF DECEASED Years 46 Months 6 Days 23 If less than one day (Hrs.) (Min.)

9. BIRTHPLACE OF DECEASED City or County -- State or foreign country Illinois

10. USUAL OCCUPATION (Kind of job) Truck Driver

11. INDUSTRY OR BUSINESS:

Factor { 12. Name Unknown

13. Birthplace

Member { 14. Maiden Name Unknown

15. Birthplace

16. INFORMANT J. G. Rushton--Clerk (Pen and ink signature)

P. O. Address Oak Forest

17. PLACE OF BURIAL, Cremation or Removal

(a) Cemetery Resurrection
 Location Justice

County Cook State Illinois

(b) DATE: Feb. 1 19 49

18. FUNERAL DIRECTOR'S

Signature Peter H. Patka

Address 1256 W. 58th. Ct.

License Number 284

Firm Name

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month Jan. day 28
 year 1949 hour 5 minute 15 pm

21. I hereby certify that I attended the deceased from Aug. 29 1944 to Jan. 28 1949;
 that I last saw him alive on Jan. 27 1949;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Multiple Sclerosis Prior to 1944

Associated diseases _____

Other conditions (Include pregnancy within 3 months of death)

22. Was an operation performed? No Date of _____
 For what disease or injury? _____

Was there an autopsy? No
 Findings? _____

23. If a communicable disease; where contracted? _____

Was disease in any way related to occupation of deceased? _____
 If so, specify how: _____

24. (Signed) Feliciano A. Hicaro M. D.
 Address Oak Forest Infirmery
 Date Jan. 29 19 49 Telephone _____

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. FILED Jan. 29 19 49
 (Signed) Frank Nech Registrar.
 P. O. Address Oak Forest Illinois