

MEDICAL CERTIFICATE OF DEATH

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Form of this
PERMANENT INK
Federal Director's
should be for
INSTRUCTIONS

DECEASED

PARENTS

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CAUSE

PHYSICIAN'S
CERTIFICATION

BURIAL

LOCAL REGISTRAR'S SIGNATURE

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LESTER JOHN PRATT		MALE		Jan 5, 1949	
RACE (WHITE, NEGRO, AMERICAN INDIAN, OTHER)		AGE (LAST BIRTHDAY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
White		81		Oct 2, 1887	
CITY		HOSPITAL OR OTHER INSTITUTION (NAME)		PLACE OF DEATH	
City Peoria		Proctor Community Hospital		Peoria	
BIRTHPLACE (STATE OR TERRITORY)		CITIZEN OF WHAT COUNTRY		MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED)	
Illinois		USA		married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
1347-10-2957		investigator		State's Atty	
RESIDENCE (CITY, STATE, COUNTY)		CITY, TOWN, TWP OR ROAD DISTRICT NO.		INCLUDE CITY (YES/NO)	
Illinois Peoria		City Peoria		14d. yes	
FATHER—NAME (FIRST, MIDDLE, LAST)		MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)		STREET AND NUMBER	
Robert Pratt		Alvina Allendorf		518 W. Melbourne Ave	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
Stella M. Pratt		Wife		61804 518 W Melbourne Ave, Peoria, Ill.	
PART I. DEATH WAS CAUSED BY:		(ENTER ONE CAUSE PER LINE (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Anterior wall myocardial infarction		1 yr.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (OF STATING THE UNDERLYING CAUSE LAST)		(b) Arteriosclerosis		5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):		None		19a. NO	
DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION		None		19b.	
20. None		20b.			
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 10:20 P M., ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.			
21. ATTENDED THE DECEASED FROM:		AND LAST SAW HIM/HER (DATE)			
10 28 63 TO 21b. 1 5 69		1 5 69			
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
Frederick J. Heinzen, MD		1/8/69		35027	
MAILING ADDRESS—CERTIFIER (STREET NO. NUMBER OR R. F. D., CITY, STATE, ZIP)					
1221 W Glen Peoria, Ill.				61617	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATION NAME		LOCATION	
Entombment		Springdale Mausoleum		Peoria, Illinois	
FUNERAL HOME (NAME, STREET AND NUMBER OR R. F. D., CITY, STATE, ZIP)		DATE (MONTH, DAY, YEAR)			
Sumero rd Endley Memorial Home, 203 N E Percy Avenue, Peoria, Illinois 61603		Jan 8 1969			
FEDERAL DIRECTOR'S SIGNATURE		FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
Allen M. Delich		31-4132			
LOCAL REGISTRAR'S SIGNATURE		DATE RECD BY LOCAL REGISTRAR			
Medicine Dept. Regis.		1-8-69			

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
RESEARCH DIVISION ONLY
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