

FILL IN THIS FORM (except signature)
WITH TYPEWRITER OR LEGIBLE PRINTING

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STATE OF ILLINOIS ORIGINAL
DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH. Registration
County of Cook Dist. No. 3104

CERTIFICATE OF DEATH V0821

Chicago Village *Township Primary
*City *Road-Div *Dist. No. 3104
(When all three terms not applicable—Do not enter "R. R.," "R. P. D.," or other P. O. address)

Registered No. 10821
(Consecutive No.)

Street and Number, No. _____ St. _____ Ward, Cook County Hospital _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? _____ yrs. _____ mos. 25 ds.

2. PLACE OF RESIDENCE: STATE Illinois County Cook Township _____ Road Dist. _____
Street and Number 4506 Wolf Road
City or Village Western Springs

3 (a) PRINT FULL NAME GEORGE REGENBERG 19 LIST NO. 52B

3 (b) If veteran, name war no. 3 (c) Social Security No. none

4. Sex Male 5. Color or race White 6 (a) Single, widowed, married, divorced Widowed

7 (b) Name of husband or wife Sophie 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 11 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business _____

12. Name Frederick Regenberg
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Ernestina Bleifust
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. INFORMANT Hospital Records
(personal signature with pen and ink)

P. O. Address P. E. Watson

17. PLACE OF BURIAL: (a) Cemetery May Park July 25 44
Location Wood PK
(Township, Road Dist., Village or City)

County Cook State Illinois

18. Registrar Geo. F. Roach ADDRESS 307 Oak
(personal signature with pen and ink) License No. 253

(Give name, if any)

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month July day 22
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 27, 1944, to July 22, 1944

that I last saw him alive on July 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Caecum of the Bladder Duration _____

Associated diseases Hematuria

Other conditions (Exclude 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) Dave W. Jones M. D.
Address Cook County Hospital
Date July 23, 1944 Telephone 6444

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

25. Registrar Harmon W. Sunders
1944 JUL 23 PM 1 39
P. O. Address _____

21
1944

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8503