

## 1. PLACE OF DEATH

County Cook  
 Township or Road Dist. Bremen  
 or  
 Incorp. Town or Village Oak Forest Infirmary  
 City 212

Registration

Dist. No. 170

Primary

Dist. No.

## STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

## CERTIFICATE OF DEATH

8724

Registered No.

St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Charles Peter Jacobson

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widower

6. DATE OF BIRTH

7

(Month)

(Day)

(Year)

7. AGE

55

yrs.

mos.

ds.

If LESS than 1 day, hrs. OR min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

Walchman

9. BIRTHPLACE (State or country)

Ill.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dr. J. H. Frank

(Address)

15.

Filed

18

191

7

M

Frank

Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-16

(Month)

(Day)

(Year)

17.

I HEREBY CERTIFY, That I attended deceased from

7/9

191

to

9/16

191

7

that I last saw him alive on

Sept 16

191

and that death occurred, on the date stated above, at

1:25 PM

m.

The CAUSE OF DEATH\* was as follows:

Cerebral hemorrhage

Contributory (Secondary)

Endocarditis(Duration) 2 yrs. 0 mos. 10 ds.

(Signed)

(Address)

Date

Telephone

191

Telephone

875

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted, if not at place of death?

Former or usual residence

2309 N. Keeler Ave.

19. PLACE OF BURIAL OR REMOVAL

Front Home

DATE OF BURIAL

20. UNDERTAKER

6 Mr Anderson

ADDRESS

4309 Armitage Ave

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

SEP 30 2010