

1. PLACE OF DEATH  
County of Cook  
Township or Road District or Village of Chicago  
City of Chicago  
Street and Number, No. 1953 Jane  
Registration Dist. No. 3101  
Primary Dist. No. \_\_\_\_\_

STATE OF ILLINOIS  
Department of Public Health—Division of Vital Statistics  
ORIGINAL  
STANDARD CERTIFICATE OF DEATH

Registered No. 909  
(Consecutive No.)

2. FULL NAME William Eggerbrecht  
Residence. No. 1953 Jane St.; 22<sup>nd</sup> Ward, \_\_\_\_\_ Hospital.  
(Usual place of abode) (If non-resident give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. - 0 mos. - 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Augusta Eggerbrecht  
6. DATE OF BIRTH April 10, 1861  
(Month) (Day) (Year)  
7. AGE Years 61 Months 9 Days - If LESS than 1 day, hrs. OR min.?  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Wood Finisher  
(b) General nature of industry, business, or establishment in which employed (or employer) 396 Meisler Bros.  
(c) Name of employer  
9. BIRTHPLACE (city or town) Germany  
(State or Country)  
10. NAME OF FATHER Unknown  
11. BIRTHPLACE OF FATHER (city or town) Germany  
(State or Country)  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (city or town) Germany  
(State or Country)  
14. INFORMANT Mr. William Meisler  
Address 614 Forest Ave. Oak Park  
15. Filed JAN 12 1923  
10 51 AM '23 Registrar

MEDICAL CERTIFICATE OF DEATH  
16. DATE OF DEATH Jan 10, 1923  
(Month) (Day) (Year)  
17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1922, to Jan 10, 1923, that I last saw him alive on Jan 8, 1923, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:  
Perforation of an ulcer of the stomach and peritonitis  
(Duration) yrs. mos. 4 ds.  
Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
if not at place of death? \_\_\_\_\_  
Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? no  
What test confirmed diagnosis? X-ray & symptoms  
(Signed) J. H. Fowler M. D.  
Address 1263 N Pauline St  
Date Jan 10, 1923 Telephone Bureau 0234  
\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
19. PLACE OF BURIAL OR REMOVAL Courtside Cem. 21. DATE OF BURIAL Jan 13, 1923.  
20. UNDERTAKER Fred M. Kummerow ADDRESS Jan 13 - 1923

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