



**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.10** REGISTERED NUMBER **25701**

1. PLACE OF DEATH  
 a. STATE **ILLINOIS** b. COUNTY **COOK**  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town **CHICAGO**  
 d.  INSIDE corporate limits and in City, Village, or Incorporated Town **CHICAGO**  
 e. LENGTH OF STAY IN 1c **70 years**  
 f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) **3918 W. Cullom Ave.**  
 g. LENGTH OF STAY IN IF **3 weeks**  
 h. If not in hospital or institution, give Street & No. **3918 W. Cullom Ave.**  
 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)  
 a. STATE **Illinois** b. COUNTY **Cook**  
 c.  INSIDE corporate limits and in City, Village, or Incorporated Town  
 d.  OUTSIDE corporate limits and in Township name..... Road District No.....  
 e. LENGTH OF RESIDENCE AT 2c or 2d **70 years**  
 3. NAME OF DECEASED a. (FIRST) **Anna** b. (MIDDLE) **S.** c. (LAST) **Johnson**  
 4. DATE OF DEATH (MONTH) (DAY) (YEAR) **April 17, 1963**  
 5. SEX **Female** 6. RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Widowed**  
 8. DATE OF BIRTH **Feb. 12 1873** 9. AGE (in years last birthday) **90**  
 10a. USUAL OCCUPATION **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Ownhome** 11. BIRTHPLACE (City and state or foreign country) **Sweden** 12. Citizen of what country? **U.S.A.**  
 13. FATHER'S FULL NAME **Carl Olson** 14. MOTHER'S FULL MAIDEN NAME **Matilda Beckstrom**  
 15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) **No** 16. SOCIAL SECURITY NUMBER **\*\*\*\*\* None**  
 17. INFORMANT a. SIGNATURE **J. Recher R.N.** b. ADDRESS **4340 N. Keystone Ave.** c. RELATIONSHIP TO DECEASED **Home Records**  
 18. MEDICAL CAUSE OF DEATH  
 PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).]  
 IMMEDIATE CAUSE (A) **Arteriosclerotic Heart Disease**  
 Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.  
 due to (B) **Generalized Arteriosclerosis**  
 due to (C)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION  
 19a. DATE OF OPERATION, IF ANY. 19b. MAJOR FINDINGS OF OPERATION  
 NOTE: If an injury was involved in this death, the Coroner must be notified.  
 21. I hereby certify that I attended the deceased from **6-14-**, 19**49**, to **4-17**, 19**63**, that I last saw the deceased alive on **4-13**, 19**63**, and death occurred at **2 P.** M., from the causes and on the date stated above.  
 Signature **Carl Garside** M.D. License Number **15-992** Date **Apr. 18, 1963**  
 Address **5153 N. Clark Street** Phone **L01-3510**  
 22. DISPOSITION: BURIAL, CREMATION, OR OTHER METHOD Date **4/19/63** CEMETERY **Memorial Park** LOCATION **Skokie, Illinois**  
 23. FUNERAL DIRECTOR **Mee & Ramme** SIGNATURE **Harold J. Schler** ADDRESS **3918 Irving Park Road Chicago 18, Ill.** License Number **5030**  
 24. Received for filing on **APR 18 1963** (Signed) **Samuel L. Andelman, M.D.** LOCAL REGISTRAR

APRIL 19, 1963

STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

*Samuel L. Andelman M.D.*  
LOCAL REGISTRAR



CITY OF CHICAGO - BOARD OF HEALTH

1961 revision based on the U. S. Standard Certificate of Death.  
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VS & R 200 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
HORITY ILLINOIS  
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