#699

17

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 606666

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors', Hospital, or Physicians' Handbook for INSTRUCTIONS

A. 1-032

DECEASED

B

C.

D 69-898

E 637

PARENTS

1. 4440 C

2 395 B

3 038

CAUSE

4. 450

5 410

N.

P.

PHYSICIAN'S CERTIFICATION

BURIAL

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	BEATRICE		SINGLETON	2. SEX	FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR)	MARCH 1, 1972				
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	NEGRO	5a. AGE—LAST BIRTHDAY (YRS.)	56	5b. UNDER 1 YEAR (MOS. / DAYS)	5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (MONTH, DAY, YEAR)	SEPT. 17, 1915	7a. PLACE OF DEATH (COUNTY)	Cook		
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Chicago	7c. INSIDE CITY (YES/NO)	Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	MERCY MEDICAL CENTER
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	LOUISIANA	9. CITIZEN OF WHAT COUNTRY	USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NEVER MARRIED
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	NONE				
12. SOCIAL SECURITY NUMBER	438-30-3176	13a. USUAL OCCUPATION	COIL OPERATOR	13b. KIND OF BUSINESS OR INDUSTRY	ELECTRO-MOTIVE DVN. GEN. MOTORS
13c. U.S. WAR VETERAN (YES/NO)	NO	13d. WAR OR DATES OF SERVICE	NONE		
14a. RESIDENCE—STATE	ILLINOIS	14b. COUNTY	COOK	14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	CHICAGO
14d. INSIDE CITY (YES/NO)	YES	14e. STREET AND NUMBER	7001 S. YALE		
15. FATHER—NAME (FIRST / MIDDLE / LAST)	BURL		SINGLETON	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)	ALMA ATLAS
17a. INFORMANT'S SIGNATURE	ADM. CLERK M. Kelly	17b. RELATIONSHIP	HOSP. REC.	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	STEVENSON EXPWY AT KING DR.

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	SEPTICEMIC SHOCK	12 HOURS
DUE TO OR AS A CONSEQUENCE OF: (b)	INFECTED AORTIC GRAFT STENOSIS	1 MONTH
DUE TO OR AS A CONSEQUENCE OF: (c)	LERICHE SYNDROME	1 YEAR

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a) — PULMONARY EMBOLISM, MYOCARDIAL INFARCTION

19a. AUTOPSY (YES/NO): NO

19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. DATE OF OPERATION, IF ANY: 1/18/72

20b. MAJOR FINDINGS OF OPERATION: ARTERIOSCLEROSIS OBLITERANS

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 1/13/72

21b. TO (MONTH, DAY, YEAR): 3/1/72

21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 3/1/72

21d. HOUR OF DEATH: 7:45 AM.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

22a. SIGNATURE: H. PETER NENNHAUS, M. D.

22b. DATE SIGNED (MONTH, DAY, YEAR): 3/1/72

22c. ILLINOIS LICENSE NUMBER: 36-37184

23. MAILING ADDRESS—CERTIFIER: 25 E. WASHINGTON, CHICAGO, ILLINOIS 60602

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	BURIAL	24b. CEMETERY OR CREMATORY—NAME	LINCOLN	24c. LOCATION (CITY OR TOWN, STATE) BLUE ISLAND, ILLINOIS
24d. DATE (MONTH, DAY, YEAR)	MARCH 4, 1972			
25a. FUNERAL HOME NAME	A. A. RAYNER & SONS	STREET AND NUMBER OR R. F. D.	318 EAST 71ST STREET	CITY OR TOWN, STATE, ZIP: CHICAGO ILL 60619
25b. FUNERAL DIRECTOR'S SIGNATURE	A. A. Rayner	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	626	
26a. LOCAL REGISTRAR'S SIGNATURE	Norway C. Brown	CHICAGO BOARD OF HEALTH, Chicago Civic Center, Room 105, Concourse Level, Chicago 60602	26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAR 3 1972	

VR 200—(1968r) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL RECORDS (BASED ON 1968 U. S. STANDARD CERTIFICATE)

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