#665

☐ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 1610.
REGISTERED NUMBER

DECEDENT'S BIRTH NO. 10

STATE OF ILLINOIS

CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER 625342

Type or Print in PERMANENT INK See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

A 1-051

DECEASED

	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1.	DAVID	G.	CARTER	2. MALE	3. September 18 1973

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH: COUNTY
4. NEGRO	5a. 55	5b.		5c.		6. JUNE 7, 1918	7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. CHICAGO	7c. YES	7d. ST. BERNARD HOSPITAL

BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. LOUISIANA	9. U.S.A	10. MARRIED	11. Ruby SINGLETON

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. 439-09-9432	13a. MECHANIC	13b. CITY OF CHGO	13c. YES	13d. WW II

RESIDENCE: STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. ILLINOIS	14b. COOK	14c. CHICAGO	14d. YES	14e. 6950 S. YALE

B
C 16898
D 693
E

PARENTS

FATHER—NAME: FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME: FIRST	MIDDLE	LAST
15. PURNELL		CARTER	16. CONCELLOR		HARTMAN

INFORMANT'S SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Ruby L. Carter	17b. Wife	17c. 6950 S. YALE CHICAGO, ILLINOIS

4109

CAUSE

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a)	CORONARY THROMBOSIS	8
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No.	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (YES/NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)	LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY; STATE)
20e.	20f.	20g.

CERTIFIER

I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT - - -

21a.

THE DECEDENT WAS PRONOUNCED DEAD ON — MONTH: 9 DAY: 18 YEAR: 73 — AT 21c. 12:45A M.

21b.

CORONER'S SIGNATURE
22a. Conway C. Brown M.D.

DATE SIGNED (MONTH, DAY, YEAR) 22b. 9/18/73

CORONER'S PHYSICIAN'S SIGNATURE
23a. W. McNabola

DATE SIGNED (MONTH, DAY, YEAR) 23b. 9-18-73

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION: CITY OR TOWN, STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. LINCOLN	24c. BLUE ISLAND, ILLINOIS	24d. SEPT. 22, 1973

FUNERAL HOME: NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. A. RAYNER & SONS	4141 COTTAGE GROVE	CHICAGO,	ILLINOIS	60653

FUNERAL DIRECTOR'S SIGNATURE
25b. William Aiken

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7803

LOCAL REGISTRAR'S SIGNATURE
26a. Conway C. Brown

DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 19 1973

VS 202—(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS (BASED ON 1968 U. S. STANDARD CERTIFICATE)