

DECEDENT'S BIRTH NO. _____

REGISTRATION DISTRICT NO. 16.31

REGISTERED NUMBER 649

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER _____

Type or Print in
FORM T-1000 (Rev. 5-89)
See Funeral Directors,
Hospital, or Physician's
Handbook for
INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Arthur W Begetsche Male 3 December 11, 1991

COUNTY OF DEATH Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Blue Island

AGE-LAST BIRTHDAY (MOS) 54/9 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 16 September 20, 1912

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT FURNISHED, GIVE STREET AND NUMBER) St. Francis Hospital

68. St. Francis Hospital 69. inpatient

70. inpatient

2. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL

3. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) Widow

4. SOCIAL SECURITY NUMBER 10339-01-6602

5. USUAL OCCUPATION Accountant

6. RESIDENCE (STREET AND NUMBER) 15445 South Dearborn

7. CITY, TOWN, TWP. OR ROAD DISTRICT NO. South Holland

8. STATE Illinois

9. ZIP CODE 1360473

10. RACE (WHITE, BLACK, AMERICAN INDIAN, NEGRO, SPECIFY) White

11. OF HISPANIC ORIGIN? (SPECIFY) NO

12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) 12 Yrs

13. YES Yes

14. YES Yes

15. YES Yes

16. YES Yes

17. FATHER-NAME FIRST MIDDLE LAST Paul Begetsche

18. MOTHER-NAME FIRST MIDDLE LAST Minnie Hupke

19. INFORMANT (NAME, TYPE OF PART) 15 Dorothy Kleidon Sister 15445 So. Dearborn, IL 60473

20. RELATIONSHIP Sister

21. INFORMANT'S ADDRESS (STREET AND NO. OR P.O. CITY, TOWN, STATE, ZIP CODE) 165445 So. Dearborn, IL 60473

22. PART I. Cause of Death (Final disease or condition resulting in death)

23. IMMEDIATE CAUSE (Final disease or condition resulting in death)

Cardiomyopathy of the left ventricle

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

(a) Due to OR ASA CONSEQUENCE OF

(b) Due to OR ASA CONSEQUENCE OF

(c) Due to OR ASA CONSEQUENCE OF

25. DATE OF OPERATION, IF ANY None

26. MAJOR FINDINGS, OPERATION None

27. (1) DID NOT ATTEND THE DECEASED AND LIST SAVER (FURNERIAL HOME)

28. (2) SIGNATURE OF CERTIFIER W. C. Ferrell

29. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 221 W. C. Ferrell, Chicago, IL 60619

30. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) Dr. Tolton

31. STREET AND NUMBER OR P.O. 71.60419

32. CITY OR TOWN Dolton, IL

33. STATE IL

34. ZIP CODE 60419

35. BURIAL CEMETERY, CREMATION, REMOVAL (SPECIFY) Bethania Cemetery

36. CEMETERY OR CREMATION-NAME Bethania Cemetery

37. LOCATION Justice Illinois

38. CITY OR TOWN Illinois

39. STATE IL

40. DATE (MONTH, DAY, YEAR) Dec. 16, 1991

41. FUNERAL HOME Brown Funeral Home

42. STREET AND NUMBER OR P.O. 13320 Lincoln Ave.

43. CITY OR TOWN Dolton, IL

44. STATE IL

45. ZIP CODE 60419

46. LOCAL REGISTRAR'S SIGNATURE [Signature]

47. DATE (MONTH, DAY, YEAR) Dec 13, 1991

48. I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at ITEM 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE Dec 13 1991 SIGNED [Signature]

AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE, LOCAL REGISTRAR

FORM T-1000 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records