

STATE OF ILLINOIS
07013
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16-0**
 REGISTERED NUMBER

DECEASED - NAME
 FIRST MIDDLE LAST
WALTER PETERSON

1. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **AMERICAN**
 4a. WHITE 4b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
 5a. BIRTHDAY (MOS.) 5b. DAYS 5c. HOURS 5d. MIN. 5e. DATE OF BIRTH (MO., Y., YEAR) **6 Feb. 8, 1901**
 7a. COOK
 7b. FRANKLIN PARK 7c. 2710 CALWAGNER
 7d. HOME

8. IOWA 9. U. S. A. 10. MARRIED
 11. ETHNI
 12. 707-10-8199 13a. SWITCHMAN 13b. RAILROAD 13c. NO 13d. NONE
 14a. 2710 CALWAGNER 14b. FRANKLIN PARK 14c. YES 14d. COOK 14e. ILLINOIS

15. CHRISTIAN 16. EMMA PETERSON
 17a. *Deane E. Durbise* 17b. DAUGHTER 17c. 2710 CALWAGNER, FRANKLIN PARK, ILL.
 17d. 60151

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 IMMEDIATE CAUSE
 (a) **Coronary Thrombosis (Atherosclerosis) 8/25/88**
 (b) **Chronic Coronary Disease**
 (c) **Myocardial Infarction**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)
 DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 19a. NO 19b. IF YES, INDICATE INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE

20a. DATE OF OPERATION, IF ANY
 20b. MAJOR FINDINGS OF OPERATION
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
 21b. 10/8/80 21c. AND LAST SAW HIM/HER ALIVE ON: 21d. HOUR OF DEATH
 22a. SIGNATURE *Franklin Park* 22b. DATE SIGNED (MONTH, DAY, YEAR) **10-9-80**
 22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Franklin Park, Illinois**
 22d. ILLINOIS LICENSE NUMBER **32118**
 22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
 24a. BURIAL 24b. MI. EMBLEM 24c. ELMHURST 24d. ILLINOIS
 24e. OCT. 11, 1980
 24f. ILLINOIS
 24g. STATE

25a. GELLS FUNERAL HOME, 180 SO. YORK ST. BENSENVILLE, ILLINOIS
 25b. FUNERAL DIRECTOR'S SIGNATURE
 25c. ILLINOIS
 25d. DATE (MONTH, DAY, YEAR)
 25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. LOCAL REGISTRAR'S SIGNATURE
 26b. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26c. ILLINOIS
 26d. DATE (MONTH, DAY, YEAR)
 26e. ILLINOIS
 26f. STATE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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,
 Signed _____
 Official Title Chief Deputy Registrar
 At Cook County Department of Public Health, Maywood, Illinois 60153
 Date OCT 10 1980