3104

STATE OF ILLINOIS — ORIGINAL
HENRY HORNER, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration Dist. No.

County of Cook

Chicago *City — Primary Dist. No. 3104

*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address)

Registered No. 32695 (Consecutive No.)

Street and Number, No. ... St. 28-420 Ward ... Cook Co Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? — yrs. — mos. 1 ds.

2. PLACE OF RESIDENCE: State Illinois County Cook Township ... Road Dist. ...
(Usual place of abode) City or Village Chicago Street and Number 768 W. Jackson Blvd

19. LIST NO. 44B

3 (a) FULL NAME Maurick C Horn

3 (b) If veteran, name war no

3 (c) Social Security No. none

4. Sex M

5. Color or race W

6 (a) Single, widowed, married, divorced Mar.

6 (b) Name of wife Lois

6 (c) Age of husband or wife if alive ... years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years abt 58 Months ... Days ... If less than one day ... hr. 32 min.

9. Birthplace Bucharest Roumania (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Lighting fixtures

FATHER 12. Name Alexander Horn

13. Birthplace Buchart Roumania (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Not Known

15. Birthplace Not Kn (City, town, or county) (State or foreign country)

16. INFORMANT Hospital Records (personal signature with pen and ink)

P. O. Address W J Maxton

17. PLACE OF BURIAL, Cremation or Removal (b) DATE

(a) Cemetery Lenzo Hatzedek Dec. 1, 1939

Location Proviso (Township, Road Dist., Village or City)

County Cook State Illinois

18. Funeral director Arthur Mandel (personal signature with pen and ink) ADDRESS 2235 W Division St

Gratch Undertakers (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month 11 day 29 year 1939 hour 4 minute 15 AM

21. I hereby certify that I attended the deceased from 11-28, 1939, to 11-29, 1939, that I last saw him alive on 11-29, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis — Duration ?

Due to —

Due to —

Other conditions secondary bronchopneumonia ?
(Include pregnancy within 3 months of death)

22. Was an operation performed? no Date of —
For what disease or injury? —
Was there an autopsy? no
Findings? —

23. If a communicable disease; where contracted? —
Was disease in any way related to occupation of deceased? no
If so, specify how: —

24. (Signed) [illegible] M. D.
Address Cook County Hospital
Date 11-29, 1939 Telephone Sel 1300

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed 1939 DC - 4 9 01 [illegible] Registrar

P. O. Address ... Ill.