

ORIGINAL

STATE OF ILLINOIS

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County of Cook Registration
 Dist. No. 170

Township or Road District or Village of Bremen
 City of Oak Forest Primary Dist. No. 6285

Registered No. 170
 (Consecutive No.)

Street and Number, No. 4621
 St. Ward Hospital

2. FULL NAME Swan Frieberg
 Residence No. 4621 St. Ward Hospital
 (Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? 2 yrs. 7 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH unknown 1865
 (Month) (Day) (Year)

7. AGE 49 Years Months Days If LESS than 1 day.... hrs. OR.... min.?

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) unknown
 (c) Name of employer

9. BIRTHPLACE (city or town) unknown
 (State or Country) Sweden

PARENTS
 10. NAME OF FATHER
 11. BIRTHPLACE OF FATHER (city or town) (State or Country)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. INFORMANT hospital records
 Address J. J. Nelson

15. Filed Feb 5 1924 W. E. Milam Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 31 1924
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from Jan 1 1924, to Jan 31 1924, that I last saw him alive on Jan 31 1924, and that death occurred, on the date stated above, at 7:15 p.m. The CAUSE OF DEATH* was as follows:

Chronic myocarditis
 (Duration) yrs. mos. ds.
 Contributory arteriosclerosis
 (Secondary) (Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 If not at place of death unknown
 Did an operation precede death? no Date of
 Was there an autopsy? no
 What test confirmed diagnosis? clinical findings
 (Signed) J. J. Nelson M. D.
 Address Oak Forest Ill
 Date Feb 1 1924 Telephone 27202

*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. (See reverse side.)

19. PLACE OF BURIAL OR REMOVAL Juliet Park 21. DATE OF BURIAL Feb 5 1924

20. UNDERTAKER M. J. Smith ADDRESS Oak Forest

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MAY 20 2009