

CERTIFIED COPY OF A DEATH RECORD

MEDICAL CERTIFICATE OF DEATH

FILE NO.

DECEDENT'S BIRTH NO.:	STATE OF ILLINOIS	DIST. NO. 22.8	REG. NO. 268
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1. PLACE OF DEATH a. COUNTY <u>Du Page</u> , ILLINOIS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hinsdale</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Grange Park</u>
c. LENGTH OF STAY (In this place) <u>5</u> days	d. STREET ADDRESS (If rural, give location) <u>517 Holmstead Road</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hinsdale Sanitarium & Hospital</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>RALPH</u> c. (Last) <u>PAFFENBACH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 10 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 9, 1889</u>	9. AGE (In years last birthday) <u>66</u>	If Under 1 Year Months	If Under 24 Hrs. Days	If Under 24 Hrs. Hours	If Under 24 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Emil Denmark, Inc</u>	11. BIRTHPLACE <u>South Bend, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Martin Paffenbach</u>	14. MOTHER'S MAIDEN NAME <u>Hula Piske</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>354-01-1264</u>	17. INFORMANT (Hospital follow Special Instructions on this item) a. Signature From Hospital Records <u>Alice Gauber-Ass't. Medical Record Librarian</u>
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18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)</small> Direct cause (a) <u>Carcinoma of Sigmoid colon</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death <u>Thrombosis of L. femoral vein</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. DATE OF OPERATION <u>12/8/55</u> 21b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Sigmoid Colon, Thrombosis L. Iliac Artery</u>
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21a. ACCIDENT SUICIDE HOMICIDE (specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/2, 1955, to 12/10, 1955, that I last saw the deceased alive on 12/10, 1955 and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George R. Luke</u> (Degree or Title) <u>M.D.</u>	23b. ADDRESS AND PHONE NO. <u>Fl. 2-1547</u> <u>La Grange, Ill.</u>	23c. DATE SIGNED <u>12/10/55</u>
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BURIAL - REMOVAL - CREMATION (date) <u>Dec. 14, 1955</u>	RECEIVED FOR FILING ON: <u>December 18, 1955</u>
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Cemetery <u>Highland</u>	Signed: <u>Dorothy C. Kammeyer</u>
Location <u>South Bend, Indiana</u>	SUB REGISTRAR

Firm Name <u>H. D. Sheldon, Inc.</u>	LOCAL REGISTRAR:
Address <u>5708 Madison</u>	Address <u>Hinsdale</u> , ILLINOIS
<u>Chicago, Ill.</u>	<u>Reserved For State Office</u>

Funeral Director Signature <u>R. E. Holmes</u> License Number <u>139</u>	
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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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 December 12, 1955 AT Hinsdale, Illinois. SIGNED Dorothy C. Kammeyer OFFICIAL TITLE Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.