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

CERTIFICATE OF DEATH

Registered No. 25125 (Consecutive No.)

1. PLACE OF DEATH — Registration Dist. No. 3104

County of Cook

Chicago (Village / Township / City / Road Dist. / Primary Dist. No. / P. O. or other P. O. Address) 28-411

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

3104

Street and Number, No. 2244 W. Harrison St. 25 Ward ... 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: 2 yrs. ... mos. ... ds.

2. PLACE OF RESIDENCE: (Usual place of abode) STATE Ill. County Cook Township ... Road Dist. ...

City or Village Chicago Street and Number 2244 W. Harrison St.

10. LIST NO. 44

3. (a) FULL NAME Elvira Del Principe

3. (b) If veteran, name war ...

3. (c) Social Security No. 3261

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pete Del Principe

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. 8 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 16 If less than one day ... hr. ... min.

9. Birthplace Pescosansoni Italy (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business None

FATHER: 12. Name Ossabile Ciolci

13. Birthplace Pescosansoni Italy (City, town, or county) (State or foreign country)

MOTHER: 14. Maiden name Philomena Ursitti

15. Birthplace Chi Italy (City, town, or county) (State or foreign country)

16. INFORMANT Joseph Del Principe (Personal signature with pen and ink)

R. O. Address 2244 Harrison St.

17. PLACE OF BURIAL, Cremation or Removal (b) DATE Dec. 28 1939

(a) Cemetery Mt. Carmel

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

County Cook State Ill.

18. Funeral director Joseph Warnecke (Personal signature with pen and ink) ADDRESS 2064 Polk St.

(Other names, if any)

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month Dec. day 24 year 1939 hour 9 P.M. minute ...

21. I hereby certify that I attended the deceased from June 1 1939 to Dec. 24 1939 that I last saw b alive on Dec. 24 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Dec. 24, 19
Due to: Arteriosclerosis	1 year
Due to:	
Other conditions (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? No

Was disease in any way related to occupation of deceased? No

If so, specify how ...

24. (Signed) John A. Rose M. D.

Address 900 S. Western Av.

Date Dec. 24 1939 Telephone Sey. 2331

N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any sudden causes" must be referred to the coroner. See Section 16 Coroner's Act.

25. Filed ... 19 ... Stanton H. Nicholson

P. ... M.

RECORDS