

CERTIFIED COPY OF A DEATH RECORD

STATE OF ILLINOIS				STATE FILE NUMBER
DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.31 REGISTERED NUMBER 436
1. PLACE OF DEATH a. COUNTY Cook		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Cook		
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		
c. CITY, VILLAGE, OR TOWN Blue Island		d. LENGTH OF STAY IN 1b or 1c 65 years		e. LENGTH OF RESIDENCE AT 2c or 2d 65 years
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) St. Francis Hosp.		f. LENGTH OF STAY IN 1e 2 days		f. STREET ADDRESS 2322 Vermont Street
3. NAME OF DECEASED a. (FIRST) Amanda b. (MIDDLE) Barbara c. (LAST) Becker		4. DATE OF DEATH (MONTH) (DAY) (YEAR) December 29, 1959.		
5. SEX Female	6. RACE White	7. RELIGION Widowed (specify)	8. DATE OF BIRTH Feb. 25, 1893	9. AGE (in years last birthday) 66 if under 1 year MONTHS DAYS if under 24 hrs. HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or foreign country) Blue Island, Illinois.
13. FATHER'S FULL NAME Fred Werner		14. MOTHER'S FULL MAIDEN NAME Pauline Kirschner		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER 358-03-9659		17. INFORMANT a. SIGNATURE Carol L. Smart b. ADDRESS Blue Island, Illinois. Hospital Records
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).] IMMEDIATE CAUSE (A) Pulmonary embolism Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) _____ due to (C) _____ INTERVAL BETWEEN ONSET AND DEATH 48 hours		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). Arteriosclerotic heart disease		
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I hereby certify that I attended the deceased from Dec. 27, 1959 , to Dec. 29, 1959 , that I last saw the deceased alive on Dec. 29, 1959 , and death occurred at 3:35 A.M. , from the causes and on the date stated above.				
DATE SIGNED 12/29/59. Klaus E. Harnack, M.D.		ADDRESS 14400 Western Ave., Blue Island, Ill. Fu. 8-3515		
22. DISPOSITION: BURIAL (DATE) 12/31/59 CEMETERY Lutheran, LOCATION Worth Township, Cook County, Illinois.		23. FIRM NAME Hallinan Funeral Home, ADDRESS 2601 Vermont St., Blue Island, Illinois. SIGNATURE Thos. Robertson LICENSE NUMBER FD3936		
24. Received for filing on 12/30/59. John C. Joens, Blue Island, Illinois,		LOCAL REGISTRAR		

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 30, 1959. SIGNED *John C. Joens*
AT Blue Island, Illinois OFFICIAL TITLE LOCAL REGISTRAR

HALLINAN FUNERAL HOME



#1130-1959

December 31, 1959

The undersigned hereby authorize **Hallinan Funeral Home** to supply the following merchandise and services in the connection with death and funeral of.....

Amanda Becker

CASKET, PERSONAL and PROFESSIONAL SERVICES

Removal from any local hospital or home. Dressing and casketing, obtaining of medical and burial certificates, use of funeral home and organist. Hearse to any local cemetery. Register for friends, memorial records, acknowledgement cards, and gloves for pall-bearers. We assume the 2% Illinois occupational tax.

\$ 815.00

Vault #29

\$ 140.00

Additional items ordered:

Dress #546 Ro Crepe Med. Blue	37.50
Lutheran Cemetery	65.00
Tribune notice	11.70
Rev. F.E. Schoenbohm	15.00
Mr. Schuemann, sextant	5.00
Three certified copies	3.00

TOTAL \$1,092.20

Less discount if paid in 30 days 16.30

BALANCE \$1,075.90

*Paid in Full January 25 - 1960
By Joyce Cardin - daughter.*

Thos. Robertson Manager

This account is correct and I/we hereby guarantee and promise payment of same within.....

It is hereby agreed that any additional items ordered for this funeral shall become part of this agreement.

This agreement is not a bar to Hallinan Funeral Home from filing its claim against the estate of deceased.

Certificate of Baptism

This Certifies

That Amanda Barbara Alma Werner a daughter of
Friederich Werner and his wife
Pauline, nee Kirschner born on the 25 day of
February 19 1893, at Blue Island, Illinois

RECEIVED
Christian Baptism

on the 21st day of May in the year of our Lord 19 1893
by Rev. J.H. Doermann at First Ev. Lutheran Church, Blue Island, Illinois
J. S. Schenck Present Pastor.