

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
COUNTY CLERK

STATE OF ILLINOIS ORIGINAL
Department of Public Health—Division of Vital Statistics

1. PLACE OF DEATH Registration
County of Cook Dist. No. 11
Chicago [*Village *Township] Primary
[*City *Road Dist.] Dist. No. 11
* (Cancel the three terms not applicable—Do not enter "R. C.," "R. F. D.," or other P. O. address.)
Street and Number, No. Rear of 6525 Fairfield St. Ward, _____ Hospital, _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: 59 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 59 yrs. _____ mos. _____ ds.

CORONER'S CERTIFICATE OF DEATH
Registered No. 18283
(Consecutive No.)

2. FULL NAME GOTTLIEB HOLWEGER
(a) Residence: No. 6521 S. FAIRFIELD ST., AVE. Ward, _____
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (with the word) Widower
6. DATE OF BIRTH About 1860
7. AGE About 73 yrs. _____ mos. _____ days If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) July 1930 11. Total time (years) spent in this occupation 15 yrs
12. BIRTHPLACE (city or town) Germany (State or country) Not known
13. NAME Not known
14. BIRTHPLACE (city or town) Germany (State or country) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Germany (State or country) Not known

CORONER'S CERTIFICATE OF DEATH
21. DATE OF DEATH July 8, 1933
(Month) (Day) (Year)
22. I HEREBY CERTIFY, That I took charge of the remains of the deceased herein described, held an inquest thereon and from the evidence obtained find that said deceased came to his death on the date stated above and that Dis- ease or Injury causing Death was: Result of gun shot wound of the head.
Date of Onset or Occurrence July 8 '33
Manner of Injury was: Deceased shot himself while dependent due to ill health.
Accidental, Suicidal or Homicidal? Suicide
Was injury in any way related to occupation of deceased? _____
If so, specify: _____

17. INFORMANT Blanche Holweger (personal signature with pen and ink)
P. O. Address 6521 S. Fairfield St.
18. PLACE OF BURIAL, Cremation or home Not known
Cemetery Not known 19. DATE July 10, 1933
Location Justice
(Township, Road Dist., Village or City)
County Cook State Illinois

23. INJURY rec'd in Chicago [*Village *Township] [*City *Road Dist.]
Specify whether injury occurred in industry, in home, or in public place: In Alley
24. (Signed) Frank Walsh Coroner
By W. McFarlane Deputy Coroner
Address 1500 Country Bldg
Date July 8, 1933 Telephone Frank 8084

20. UNDERTAKER Blanche Holweger (personal signature with pen and ink)
Address 3125 W 63 St Chicago
(firm name, if any)

25. Filed 155 JUL 9 PM 4 27
Registrar. _____
P. O. Address _____ Ill.

Has decedent ever served in military or naval service of U. S.?

David Orr