

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

DEPARTMENT OF HEALTH: CITY OF CHICAGO

4895

4895

UNDERTAKER'S REPORT OF DEATH.

See "Instructions to Undertaker," on Back of Report.

1. Name of Deceased (in full) Margaret Hutzler.

2. Sex: F. Color: W. 3. Place of Birth Germany. Father's Birthplace Ido. Mother's Birthplace Ido.
Of deceased (State or Country, if outside of Chicago).

4. Age: 89 years - months - days. 5. Lived in Illinois 8 years, in Chicago

Years	Months	Days
<u>8</u>		

6. Died on the 26 day of Feb. 1909, at about 7:15 P. M.

7. ~~Single, Married, Widowed, Divorced.~~ Occupation: _____

8. Place of Death: 398 W. Division St. Ward _____

9. Place of Burial: Forest Home. 10. Undertaker: Arthur Ahlgrim. License No. 222.
 Date of Burial Feb. 26 1909 Address: 789 W. 21st.
 Hour One P. M. Tel. Canal 161.

See Instructions No. 8—to the Undertaker—on back of Report.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

[See "Suggestions as to the Certificate of Cause of Death," on back of Report.]

I hereby Certify, That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.			
	Years.	Months.	Days.	Hours.
Immediate and Determining <u>La Grippe.</u>			<u>10</u>	
Contributing Cause or Complication _____				

Witness my hand, This 27 day of Feb. 1909 } (Signature:) E. L. Smith. M. D.
 Address: 974 W. Polk Tel. W. 253.