



81048

STATE FILE NUMBER

# CORONER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

Type of Print in PERMANENT INK See Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

REGISTRATION DISTRICT NO. 22.0  
REGISTERED NUMBER 645

DECEASED—NAME: **DANIEL RAYMOND SEIFERT** SEX: **MALE** DATE OF DEATH: **3 SEPTEMBER 27, 1974** COUNTY: **WHEATON, ILLINOIS**

AGE—LAST BIRTHDAY (YRS.): **29** UNDER 1 YEAR: **5d.** HOURS: **29** MIN.: **5c.** DATE OF BIRTH (MONTH, DAY, YEAR): **6 April 28, 1945** PLACE OF BIRTH: **7a. Du Page** COUNTY: **7b. Du Page**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **7c. Yes** HOSPITAL OR OTHER INSTITUTION—NAME: **Memorial Hospital of DuPage County** (IF NOT IN EITHER, GIVE STREET AND NUMBER)

BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Illinois** CITIZEN OF WHAT COUNTRY: **U.S.A.** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **11. Emma Havens**

MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): **MARRIED**

SOCIAL SECURITY NUMBER: **329-56-0594** USUAL OCCUPATION: **13b. Plastics Bus.** KIND OF BUSINESS OR INDUSTRY: **13c. No** U.S. WAR VETERAN: **WAR OR DATES OF SERVICE**

RESIDENCE STATE: **Illinois** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **14c. Bensenville** STREET AND NUMBER: **14d. Yes 73 Hamilton St.**

FATHER—NAME FIRST MIDDLE LAST: **Nicholas Seifert** MOTHER—MAIDEN NAME FIRST MIDDLE LAST: **Antoinette Turasek**

INFORMANT'S SIGNATURE: **Mrs. Emma L. Seifert** RELATIONSHIP: **17b. Wife** MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): **17c. 73 Hamilton St., Bensenville, Ill. 60106**

DEATH WAS CAUSED BY: **18. (a) Shotgun wound to head** IMMEDIATE CAUSE: **Sudden**

CONDITIONS, IF ANY, WHICH GAVE RISE TO WHEN GAVE RISE TO (b) STATE THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **20a. HOMICIDE** DATE OF INJURY (MONTH, DAY, YEAR): **20b. September 27, 1974** HOUR: **8:20 A.M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 1b): **bullet wound by unknown person**

INJURY AT WORK (YES/NO): **Yes** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY): **20f. Factory** CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY, STATE: **810 W. Foster, Bensenville (DuPage Co.) Ill.**

1. CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INFORMATION AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT

CORONER'S SIGNATURE: **ROBERT K. MATTHEWS** DATE SIGNED: **21c. September 27, 1974** (MONTH, DAY, YEAR)

CORONER'S PHYSICIAN'S SIGNATURE: **Richard R. Bullock** Chief DATE SIGNED: **21b. December 20, 1974** (MONTH, DAY, YEAR)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **24c. Elm Lawn** CITY OR TOWN: **24d. October 1, 1974** STATE: **Illinois** DATE (MONTH, DAY, YEAR)

FUNERAL HOME NAME: **Montclair Funeral Home, 6901 W. Belmont, Chicago, Illinois** STREET AND NUMBER OR R. F. D.: **60634** CITY OR TOWN: **Chicago** STATE: **Illinois** ZIP: **60634**

FUNERAL DIRECTOR'S SIGNATURE: **Joseph Lucania** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 7443**

LOCAL REGISTRAR'S SIGNATURE: **CHARLES A. LANG, M.D.** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. Dec 23, 1974**

26a. **Seifert** LOCAL REGISTRAR'S SIGNATURE: **Seifert** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. Dec 23, 1974**

JUL 20 2006

DATE ISSUED

STATE OF ILLINOIS } COUNTY OF DU PAGE } SS

I, GARY A. KING, County Clerk in and for the State and County aforesaid, and keeper of the files and records of the reports of BIRTHS, DEATHS and MARRIAGES, DO HEREBY CERTIFY the above to be a full and complete copy of the Certificate which appears in the files and records in my office remaining IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office at Wheaton, Illinois.

GARY A. KING  
COUNTY CLERK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

GOVERNMENT EXHIBIT SEIFERT 30

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