

*Emma & Eugene Blummer
520 Jeffery Ave.
Cal City, Ill. 60409*

County of Cook,)

I, STANLEY T. KUSPER, JR., 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 a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, 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.

*Key 21-55-26
6th Add New Chgo.
Lt-26 Blk 2*

Stanley T. Kusper Jr.
County Clerk

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| REGISTRATION DISTRICT NO. <i>16c0</i> | | STATE OF ILLINOIS | | STATE FILE NUMBER |
| MEDICAL CERTIFICATE OF DEATH | | | | |
| DECEASED—NAME 1. Mary Jacob | | SEX 2. female | DATE OF DEATH (MONTH, DAY, YEAR) 3. December 17, 1975 | |
| RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. white | AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 5a. 81 | UNDER YEAR UNDER DAY 5b. 81 | DATE OF BIRTH (MONTH, DAY, YEAR) 6. November 7, 1894 | PLACE OF DEATH COUNTY 7. cook |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Dolton | | INSIDE CITY (YES/NO) 7c. yes | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Country Manor Nursing Centre | |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. Hungary | CITIZEN OF WHAT COUNTRY 9. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed | NAME OF SURVIVING SPOUSE (IF-DECEASED, IF WIFE) 11. None | |
| SOCIAL SECURITY NUMBER 12. 334 24 0397A | USUAL OCCUPATION 13a. Housework | KIND OF BUSINESS OR INDUSTRY 13b. At Home | U.S. WAR VETERAN (YEARS) 13c. NO | WAR OR DATES OF SERVICE 13d. NOISE |
| RESIDENCE STATE 14a. Illinois | COUNTY 14b. Cook | CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14c. Calumet City | INSIDE CITY (YES/NO) 14d. yes | STREET AND NUMBER 14e. 520 Jeffery |
| FATHER—NAME FIRST MIDDLE LAST 15. Karl Nacha | | MOTHER—Maiden Name FIRST MIDDLE LAST 16. Helen UNKNOWN | | |
| INFORMANT'S SIGNATURE 17a. Virginia Sexton | | RELATIONSHIP 17b. Secretary | MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY, COUNTY, STATE, ZIP) 17c. 1635 E. 154 Street Dolton Ill. | |
| 18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | |
| PART I. IMMEDIATE CAUSE 18a. Pulmonary Embolus | | | | |
| CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST... 18b. None | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 18c. None | | | | |
| DATE OF OPERATION, IF ANY 20a. 8-1-70 | | MAJOR FINDINGS OF OPERATION 20b. 12-17-76 | | |
| I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. 8-1-70 | | AND LAST SAW HIM (OR HER) ALIVE ON (MONTH, DAY, YEAR) 21b. 12-17-76 | DATE OF DEATH (MONTH, DAY, YEAR) 21c. 11-15-76 | HOUR OF DEATH 21d. 8A:MM |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED. | |
| SIGNATURE 22a. Dr. Richard Kijowski | | DATE SIGNED (MONTH, DAY, YEAR) 22b. 12-17-1975 | ILLINOIS LICENSE NUMBER 22c. 36-42573 | |
| MAILING ADDRESS—CITY STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 23. 16162 So. Ellis Ave. South Holland, Illinois 60471 | | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial | CEMETERY OR CREMATORY—NAME 24b. Saint Mary's | LOCATION 24c. Evergreen Park, Ill. | DATE (MONTH, DAY, YEAR) 24d. 12-20-1975 | |
| FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 25a. DRUM FUNERAL HOME 1200 East 162nd Street South Holland, Ill. | | | | |
| FUNERAL DIRECTOR'S SIGNATURE 25b. Henry C. Drumm | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6183 | |
| LOCAL REGISTRAR'S SIGNATURE 26a. Coelene A. Kester | | COUNTY DEPT. OF PUBLIC HEALTH - CHIEF CLERK LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. John B. Hall, M. D. December 18 1975 | | |

VR 200 (1071)

Illinois Department of Public Health - Office of Vital Records

BASED ON THE U.S. STANDARD CERTIFICATE

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