

STATE OF ILLINOIS } ss. **STANLEY T. KUSPER, JR.** County Clerk
 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.

Stanley T. Kusper, Jr.
 County Clerk

Daniel Wilson
 6455 Cherokee
 St. Louis, Mo

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

780390

139 APRIL 82

62207

REGISTRATION DISTRICT NO. **16.10**

STATE FILE NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

607251

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

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Month, Day, Year)
MELVIN WILSON MALE APRIL 5, 1982

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
BLACK AMERICA 73 5b. 5c. DEC 4, 1908 Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. AND DATE ADM. OF CA. IN INST. (SPECIFY)
CHICAGO JACKSON PARK HOSPITAL P.O.A.

STATE OF BIRTH (IF NOT IN U.S. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAILER'S NAME, IF WIFE)
MISSISSIPPI U.S.A. WIDOWED

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE
428-18-9841 CASTER STEEL MILLS NO

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE
7134 S. UNIVERSITY CHICAGO YES COOK ILLINOIS

FATHER NAME FIRST MIDDLE LAST MOTHER MAIDEN NAME FIRST MIDDLE LAST
ARTHUR WILSON MINERVA BRANCH

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE)
Rena Martz, NIECE 2336 15 STATE STREET CHICAGO, ILL.

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE

PART I. IMMEDIATE CAUSE
 CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) (b) (c)
NO

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART II, ITEM (a))
NOV 11 2008 M.

INJURY AT WORK (YES/NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
NO

CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR EXAMINATION THAT THE DEATH OCCURRED ON THE DATE AT THE PLACE AND BY THE MANNER AND MEANS STATED
 THE DECEASED WAS PROMULGED DEAD ON MONTH DAY YEAR AT LATE SIGNED (MONTH, DAY, YEAR)
APRIL 5, 1982 243P

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
A.A. RAYNER & SONS 318 E. 71st ST. CHICAGO, ILL. 60619

BURIAL (TEMPORARY) NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
BURIAL LINCOLN WORTH, ILLINOIS APRIL 10, 1982

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
Charles R. Childers 6593

LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Apr 8 1982

VR203C (REV. 1/78) Illinois Department of Public Health - Office of Vital Records (CLASS 3 ON 1978 U.S. STANDARD CERTIFICATE)

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DECEASED

6908

633

4292

CAUSE

DISPOSITION

lw