

CHICAGO TITLE INSURANCE COMPANY  
 INDIANA DIVISION

DEPARTMENT OF HEALTH CITY OF CHICAGO

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER **791772**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**613760**

1. DECEASED—NAME FIRST MIDDLE LAST <b>Elmer J. Feddeler</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>July 10, 1983</b>	
4a. RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>White</b>		5a. ORIGIN OR DESCENT <b>AMERICAN</b>	6. DATE OF BIRTH (MO., DAY, YEAR) <b>5-27-09</b>	7b. COUNTY OF DEATH <b>Cook</b>	
7a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>		7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT, J. FLIXER, GIVE STREET AND NUMBER) <b>Rush Pres. St Lukes Med Center</b>		7d. IF HOSP. OR INST. INDICATED DO NOT CHECK THIS BOX <b>Inpatient</b>	
8. STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) <b>Illinois</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>EMMA HUGHES</b>	
12. SOCIAL SECURITY NUMBER <b>344-10-8006</b>		13. USUAL OCCUPATION <b>CONTRACTOR</b>		13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>NO</b>	
14a. RESIDENCE STREET AND NUMBER <b>21827 Austin Street</b>		14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Lowell</b>		14c. INSIDE CITY (YES/NO) <b>NO</b>	
14d. STATE <b>Indiana</b>		14e. COUNTY <b>LAKE</b>		14f. STATE <b>Indiana</b>	
15. FATHER—NAME FIRST MIDDLE LAST <b>MENARD FEDDELER</b>		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>JOSEPHINE GEOGHEGAN</b>			
17a. INFORMANT NAME (TYPE OR PRINT) <b>Arletrice Scott</b>		17b. RELATIONSHIP <b>Clerk</b>		17c. MAILING ADDRESS (STREET AND NO. OF R. F. D., CITY OR TOWN, STATE, ZIP) <b>1753 W. Congress Pkwy Chgo Ill 60612</b>	

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I. IMMEDIATE CAUSE	APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
(a) Recurrent Esophageal Carcinoma DUE TO OR AS A CONSEQUENCE OF:	<b>3 Years</b>
(b) _____ DUE TO OR AS A CONSEQUENCE OF:	<b>FILED</b>
(c) _____ DUE TO OR AS A CONSEQUENCE OF:	<b>FEB 13 1985</b>

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

19. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.  
**Vascular Collapse**

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. AUTOPSY PERFORMED? YES  NO

20d. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

21. (a) DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  
**July 10, 1983**

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)

21c. HOUR OF DEATH  
**2:35 A**

22a. SIGNATURE  
**Kevin O'Dell**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**Kevin O'Dell, M.D. 1424 W. Harrison St. Chgo Ill 60612**

22c. ILLINOIS LICENSE NUMBER  
**36-28694**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  
**Steven Economou, M.D.**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	24b. CEMETERY OR CREMATORY—NAME <b>G. EDWARDS</b>	24c. LOCATION CITY OR TOWN STATE <b>LOWELL, INDIANA</b>	24d. DATE (MONTH, DAY, YEAR) <b>7-13-83</b>
25a. FUNERAL HOME NAME <b>GONDER-WILSON</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <b>Edward G. Gonder</b>	
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>6815</b>		25d. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JUL 11 1983</b>	

STATE OF ILLINOIS  
 COUNTY OF COOK } SS  
 CITY OF CHICAGO

I, Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

KEY 3-35-1  
 NW SW 514T32R9 40 AC  
 KEY 1-23-8  
 E2 SW 515T32R9 80 AC



KEY 1-23-9  
 N2 SE 515T32R9 80 AC

This Certified Copy VALID  
 When MULTICOLOR SEAL  
 And BLUE SIGNATURE ARE  
 Affixed.

RUDOLPH RECORDED  
 FEB 13 1985

STATE OF ILLINOIS S. NO. 111

W.L