

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

631808

REGISTERED NUMBER

933639

CAL CERTIFICATE OF DEATH

DECEASED—NAME: Nathaniel Isaac Warda  
 SEX: Male  
 DATE OF DEATH: Nov. 25, 1973

RACE: White  
 AGE: 67  
 DATE OF BIRTH: Jan. 27, 1906  
 PLACE OF BIRTH: Cook County

CITY: Chicago  
 INSIDE CITY: Yes  
 HOSPITAL OR OTHER INSTITUTION: Northwestern Memorial Hospital

BIRTHPLACE: Iran  
 CITIZEN OF WHAT COUNTRY: U. S. A.  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married  
 NAME OF SURVIVING SPOUSE: Alyce Rustam

SOCIAL SECURITY NUMBER: 360-32-4007  
 USUAL OCCUPATION: DENTIST  
 KIND OF BUSINESS OR INDUSTRY: DENTISTRY  
 U.S. WAR VETERAN: NO  
 WAR OR DATES OF SERVICE: None

RESIDENCE: Illinois  
 COUNTY: COOK  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Niles  
 INSIDE CITY: Yes  
 STREET AND NUMBER: 7004 Lexington Ln.

FATHER—NAME: ISAAC WARDA  
 MOTHER—MAIDEN NAME: SARAH BARI

INFORMANT'S SIGNATURE: [Signature]  
 RELATIONSHIP: Males  
 MAILING ADDRESS: Hospital Records, 222 E. Superior Chicago, Ill.

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

PART I. IMMEDIATE CAUSE  
 (a) Carcinoma of stomach  
 (b) [Blank]  
 (c) [Blank]  
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 Months  
 DATE: AUG 17 1987

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)  
 AUTOPSY: NO

DATE OF OPERATION, IF ANY: [Blank]  
 MAJOR FINDINGS OF OPERATION: [Blank]

I ATTENDED THE DECEASED FROM: Nov. 17, 1973  
 TO: Nov. 25, 1973  
 AND LAST SAW HIM/HER ALIVE ON: Nov. 25, 1973  
 HOUR OF DEATH: 11:05P M.

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: Robert S. Griffin, M.D.  
 DATE SIGNED: Nov. 26, 1973  
 ILLINOIS LICENSE NUMBER: 36-38796

MAILING ADDRESS—CERTIFIER: 645 North Michigan Avenue Chicago, Illinois 60611

BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL  
 CEMETERY OR CREMATORY—NAME: MEMORIAL PARK  
 LOCATION: SKOKIE ILLINOIS  
 DATE: NOV. 28, 1973

FUNERAL HOME: DRAKE & SON, INC.  
 NAME: 5303 N. Western Ave. Chicago Illinois 60625

FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6364

LOCAL REGISTRAR'S SIGNATURE: Murray C. Brown  
 CHICAGO BOARD OF HEALTH  
 Chicago Civic Center, Room 105  
 Concourse Level, Chicago 60602  
 DATE REC'D. BY LOCAL REGISTRAR: NOV 27 1973

VR-200 (1972r) Illinois Department of Public Health, Office of Vital Records (BASED ON 1968 U.S. STANDARD CERTIFICATE)

144752

November 28, 1973

MERRILLVILLE, IN 46410  
 LAWYERS  
 7895 BROADWAY  
 MERRILLVILLE, IN 46410

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

I, Murray C. Brown, 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.

This Certified Copy VALID  
 Only When Original BLUE SEAL And BLUE SIGNATURE  
 Are Affixed.

KEY 10-48-108  
 LAKES OF THE FOUR SEASONS  
 UNIT #4 LOT 835



Murray C. Brown  
 LOCAL REGISTRAR

LILLIAN BLASTICK  
 RECORDER

BOARD OF HEALTH—CITY OF CHICAGO