

REGISTRATION DISTRICT NO. 18.10
REGISTERED NUMBER

092611

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

610033

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Mary Cohen 2. Female 3. May 20, 1984

RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENDANT, OTHER SPECIFY) 4a. White 4b. American 4c. 85 4d. 85 4e. 85 4f. Sept. 25, 1898 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago 7c. Northwestern Memorial Hospital 7d. Inpatient

STATE OF BIRTH (IF NOT U.S.A. NAME, COUNTRY) 8a. Minnesota 8b. U.S.A. 8c. Married, never married, widowed, divorced (specify) 8d. Married 11. Milton Cohen

USUAL OCCUPATION 12a. Housewife 12b. At Home 12c. No 12d. No 13d. -----

RESIDENCE: STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14a. 2920 Point East Drive 14b. North Miami Beach 14c. Dade 14d. Fla.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME 15a. Sam Abramson 15b. Sarah Weinstein

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO., OR R. F. D., CITY OR TOWN, STATE, ZIP) 17a. James W. Henri 17b. Medical Records 17c. 303 E. Superior, Chicago, Illinois 60611

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE: (a) Acute Hepatic Failure 2 Weeks (b) Chronic Active Hepatitis Years (c) -----

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Acute Renal Failure

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a. ----- 20b. -----

1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

21a. I last attended the decease alive 5-19-84

22a. SIGNATURE: Robert J. Havey, M.D. 250 E. Superior, Chicago, Illinois 60611

22b. May 20, 1984

22c. Robert J. Havey, M.D. 250 E. Superior, Chicago, Illinois 60611

23. BURIAL, CREMATION, REMOVAL (specify) 24a. Burial 24b. Lakeside Memo. Pk. 24c. Miami, Florida 24d. May 22, 1984

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 25a. Piser Weinstein Menorah Chapel, 3019 W. Peterson Ave., Chicago, Ill. 60659

FUNERAL DIRECTOR'S SIGNATURE 26a. Joel A. Weinstein 26b. 6819

LOCAL REGISTRAR'S SIGNATURE 27a. Lonnie C. Edwards, M.D., M.P.A. 27b. MAY 20 1984

28a. Robert J. Havey, M.D. 250 E. Superior, Chicago, Illinois 60611 28b. 036-62559

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

29. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 24b. MAY 20 1984

30. LOCAL REGISTRAR'S SIGNATURE 27a. Lonnie C. Edwards, M.D., M.P.A.

31. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 24b. MAY 20 1984

32. LOCAL REGISTRAR'S SIGNATURE 27a. Lonnie C. Edwards, M.D., M.P.A.

33. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 24b. MAY 20 1984

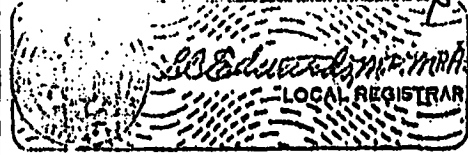
34. LOCAL REGISTRAR'S SIGNATURE 27a. Lonnie C. Edwards, M.D., M.P.A.

35. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 24b. MAY 20 1984

Ward 3432 Mich. Ave. 663000
May 21, 1984

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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 WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

FILED

MAR 30 1990

Alex N. Antos
AUDITOR LAKE COUNTY

663000

FILED IN RECORDS DEPT. OF HEALTH CITY OF CHICAGO

DEPARTMENT OF HEALTH CITY OF CHICAGO