

139009

Peter Buck Rd
Harvey, Ill
#13
#28-82#

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

DEPT 1 2100
SIGNED [Signature]
LOCAL REGISTRAR

Katy, Brennan & Angel
STATE OF ILLINOIS 7895 Biny
Merr 16410-5584 STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-34</u>		REGISTERED NUMBER		DECEASED-NAME FIRST MIDDLE LAST 1. Margaret Levin		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 14 1990
COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 72	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 14 1918		IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. BM. INPATIENT (SPECIFY) 6c. Inpatient	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Harvey		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Memorial Hospital		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Bernard Levin		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	KIND OF BUSINESS OR INDUSTRY 11b. Own Home		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 2			
SOCIAL SECURITY NUMBER 10. 305-52-3467		RESIDENCE (STREET AND NUMBER) 13a. 8750 Harrison Avenue #314		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Munster	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Lake	
STATE 13e. Indiana	ZIP CODE 46321	FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO			
FATHER-NAME FIRST MIDDLE LAST 15. Carl Pollak		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Gizella Weiss		INFORMANT'S NAME (TYPE OR PRINT) 17a. Helen Buck Medical Records			
RELATIONSHIP 17b. None		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) One Ingalls Drive Harvey Illinois 60426				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years	
18. PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Immediate Cause (Final disease or condition resulting in death) (a) Metastatic Bladder Carcinoma					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)		DUE TO, OR AS A CONSEQUENCE OF					
(c)		DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		HOUR OF DEATH 21c. 8:40 P.M.		
I (DID OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. October 14 1990		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		DATE SIGNED (MONTH, DAY, YEAR) 22b. 10-15-90			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE 22a. Mark F. Kozloff, M.D.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 71 West 156th Street Harvey Illinois 60426		ILLINOIS LICENSE NUMBER 22d. 36-47581	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. BETH EL CEMETERY	LOCATION 24c. PORTAGE, INDIANA	CITY OR TOWN 24d. OCT 16, 1990	DATE (MONTH, DAY, YEAR)			
FUNERAL HOME 25a. BURNS-KISH FUNERAL HOME, 5840 HOHMAN AVE, HAMMOND, IND. 46320	FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 912		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Oct. 15, 1990		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]							