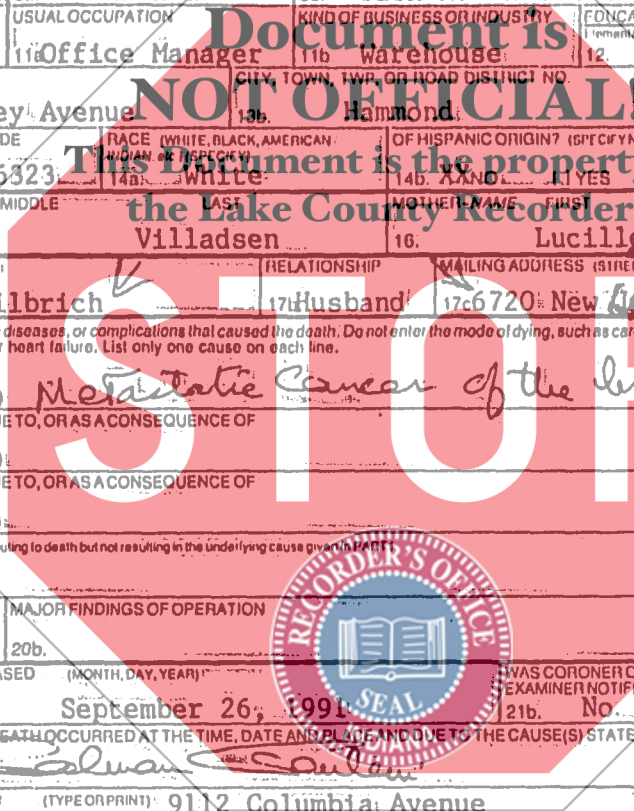


I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths

DATE: OCTOBER 1, 1991
 At Cook County Department of Public Health
 1500 S. Maybrook Drive - Maywood, Illinois 60153
 SIGNED: Evelyn A. Kersten
 Official Title: Chief Deputy Registrar

REGISTRATION DISTRICT NO: 16.0		92011102 STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Lois F. Hilbrich		2. Female		3. September 27, 1991	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 61		5d. September 12, 1930	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME, IF NOT IN ITEM 6, GIVE STREET AND NUMBER		IF HOSP. OR INST., INDICATE D.O.A. OR FEMER. INST. INPATIENT (SPECIFY)	
6a. South Holland		6b. Americana Health Care Center		6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Clear Lake, Iowa		8a. Married		8b. Jack R. Hilbrich	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 311-28-0281		11a. Office Manager		11b. Warehouse	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO		INSIDE CITY (Y/N)	
13a. 6720 New Jersey Avenue		13b. Hammond		13c. Lake	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR OTHER SPECIFY)	
13a. Indiana		13. 46323		14a. White	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		15. Arthur Villadsen Lucille Steeg	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE, ZIP)	
17a. Mr. Jack R. Hilbrich		17b. Husband		17c. 6720 New Jersey, Hammond, IN 46323	
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 Cancer of the Breast			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) 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.		(c) DUE TO, OR AS A CONSEQUENCE OF			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b.		19a. No 19b. N/A	
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. Did September 26, 1991		21b. No		21c. 3:40 A. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)	
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. Sept. 30, 1991	
22c. S.D. Gailani, M.D.		Munster, Indiana 46321		ILLINOIS LICENSE NUMBER	
22d. 27970 IN		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Chapel Lawn Mem. Gardens		24c. Schererville, Indiana	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. Schroeder-Lauer F.H., 3227 Ridge Road, Lansing, Illinois 60438		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. Martin L. Kristo		25c. 034-010640		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
LOCAL REGISTRAR'S SIGNATURE		26a. Evelyn A. Kersten		26b. October 1, 1991	



29210
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 # 308-215-1
 Olive Gardens Addl - Rto 546 602
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