

NO. 1
REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
618206

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
11-7-57
2000 000361

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

1. **Stella M. Henderson** 2. **Female** 3. **November 3, 1999**

COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **COOK** 5a. **63** 5b. **MOS** 5c. **DAYS** 5d. **MAY 29, 1936**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP'EMER. RM. INPATIENT (SPECIFY)

6a. **CHICAGO** 6b. **Northwestern Memorial Hospital** 6c. **In patient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **LOWENSBORO KY.** 8a. **MARRIED** 8b. **JAMES HENDERSON** 9. **NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **310 32 3130** 11a. **HOME MAKER** 11b. **OWN HOME** 12. **12**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **1927 S. CALHOUN** 13b. **GRIFFITH** 13c. **YES** 13d. **LAKE**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. **INDIANA** 13f. **46319** 14a. **WHITE** 14b. **NO** 14c. **NO** 14d. **NO**

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST

15. **EARL ROSS** 16. **EMMA BAIZE**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **Pat Benson** 17b. **Medical Records** 17c. **251 E. Huron Chicago, IL 60610**

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) **Cryptogenic Cirrhosis**

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.

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

20c. AUTOPSY (YES/NO) 19a. **No** 19b. **NO**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. **YES** **NO**

21a. (I/DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON **November 2, 1999**

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

21c. HOUR OF DEATH **3:45 AM**

22a. SIGNATURE **Barry Pollack** 22b. DATE SIGNED (MONTH, DAY, YEAR) **November 3, 1999**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Barry Pollack MD 251 E Huron Chgo IL 60611** 22d. ILLINOIS LICENSE NUMBER **3692931**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Dr. Steven Flamm**

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

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **BURIAL** 24b. CEMETERY OR CREMATORY—NAME **CHAPEL LAWN** 24c. LOCATION CITY OR TOWN STATE **SCHERERVILLE, IN.** 24d. DATE (MONTH, DAY, YEAR) **Nov. 6, 1999**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP **PFEIFFER FUNERAL SVC. 5745 CIRCLE DR. OAK LAWN ILLINDIS 60453**

25b. FUNERAL DIRECTOR'S SIGNATURE **Barry E. Pfeiffer** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-012262**

26a. LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne RSM** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 3, 1999**

I, SHEILA LYNE, RSM, 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 FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

FILED

JAN 04 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Sheila Lyne RSM
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

03138

STATE OF INDIANA
LAKE COUNTY
CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
2000 JAN -4 PM 2:18

9.00 per CASH