

REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **STATE OF INDIANA 621805** COUNTY **INDIANA**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Vito Santino Male December 31, 1999

CITY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **70** UNDER 1 YEAR **0** UNDER 1 DAY **0** DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 26, 1929**

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. INM. INPATIENT (SPECIFY)
CHICAGO Northwestern Memorial Hospital Inpatient

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

SOCIAL SECURITY NUMBER **304-32-7890** USUAL OCCUPATION **Welder** KIND OF BUSINESS OR INDUSTRY **Steel C.** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **6**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
3105 45th St. Highland YES LAKE

STATE **INDIANA** ZIP CODE **46322** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
GIUSEPPE SANTINO LEONARDA LANZA

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Jackie Smith Medical Records 251 E. Huron Chicago, Il. 60611

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) **Lung Cancer**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 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.

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

19. AUTOPSY (YES/NO) **No** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **No**

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

1 (DID (END NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER/LIVE ON
21a. I did last attend/December 31, 1999

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **No** 21c. HOUR OF DEATH **5:30 A. M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Merrill Kies** 22b. DATE SIGNED (MONTH, DAY, YEAR) **Dec. 31, 1999**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Merrill Kies, M.D. 251 E. Huron Chicago, Il. 60611 22d. 36-54880

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL 24b. Calumet Park 24c. MERRILLVILLE, INDIANA 24d. JAN. 5, 2000

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Preferred Services 742 Manchester Ave. Westchester, IL. 60154

FUNERAL DIRECTOR'S SIGNATURE **Edward J. Garba** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-010513**

LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne RSM** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JAN 03 2000**

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.

Pt of S 1/2 SE SE
 S. 28 T. 36 R. 9
 O. 748 AC
 Key # 27-23-27
 Unit # 16

Sheila Lyne RSM
 LOCAL REGISTRAR

P.O. Box 9192
 Highland IN 46322

FILED

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE IS AFFIXED.
 APR 19 2000
 PETER BENJAMIN
 LAKE COUNTY AUDITOR

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH