

2000-062120

69378

REGISTRATION DISTRICT 16.10
REGISTERED NUMBER 305 AUG 99

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH 613541

DECEASED NAME FIRST MIDDLE LAST SHEILA ANN THEUS		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 17, 1998
COUNTY OF DEATH COOK COUNTY	AGE - LAST BIRTHDAY (YRS.) 5a 43	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TWP. OR ROAD DISTRICT NUMBER 6a CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b NORTHWESTERN MEMORIAL		IF HOSP. OR INST. INDICATED (O.A., OP, EMER. RM, INPATIENT) (SPECIFY) 6c EMER. RM.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 EAST CHICAGO, IND.	MARRIED NEVER MARRIED (W, D, OWED, DIVORCED, SEPARATED) 8a DIVORCED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b	
SOCIAL SECURITY NUMBER 10	USUAL OCCUPATION 11a HOME HEALTH CARE AID	KIND OF BUSINESS OR INDUSTRY 11b MEDICAL	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12
RESIDENCE STREET AND NUMBER 13a	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b DENVER	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d INA
STATE 13e ILLINOIS	ZIP CODE 13f	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b NO
FATHER NAME FIRST MIDDLE LAST 15 GEORGE THEUS	MOTHER NAME FIRST MIDDLE (MAIDEN) LAST 16 RACHEL JACKSON	INFORMANT'S NAME (TYPE OR PRINT) 17a RACHEL THEUS	
RELATIONSHIP 17b MOTHER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 933 CLARK RD. GARY, IND.	
18 PART I Enter the diseases, injuries or complications that caused it a death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Last only one cause on each line.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) MULTIPLE PULMONARY EMBOLI DUE TO OR AS A CONSEQUENCE OF			
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 One or more significant conditions contributing to death but not resulting in the underlying cause given in PART I			
NATURAL ACCIDENT (HOMICIDE SUICIDE UNDETERMINED) (SPECIFY) 20a NATURAL	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d
INJURY AT WORK (YES/NO) 20e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f	LOCATION (CITY, VIL. OR TOWN OR TWP. OR RD. DIST. NO., COUNTY, STATE) 20g	IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h YES [] NO []
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT...		THE DECEDENT WAS PRONOUNCED DEAD ON 21b AUGUST 17 1998	AT 21c 8:45P M.
CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a G. M. Donoghue, M.D.		DATE SIGNED (MONTH, DAY, YEAR) 22b AUGUST 18 1998	
CORONER'S PHYSICIAN'S NAME (Type or Print) 23a BARRY D. LIFSCHULTZ, MD		DATE SIGNED (MONTH, DAY, YEAR) 23b	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a BURIAL	CEMETERY OR CREMATORY - NAME 24b FERN OAK	LOCATION CITY OR TOWN STATE 24c GRIFFITH, INDIANA	DATE (MONTH, DAY, YEAR) 24d AUG. 25, 1998
FUNERAL HOME 25a BIGGS + BIGGS FUNERAL HOME 3046 W. JACKSON BLVD. CHICAGO, IL 60604	FUNERAL DIRECTOR'S SIGNATURE 25b		
LOCAL REGISTRAR'S SIGNATURE 26a	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011613		
	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b AUG 24 1998		

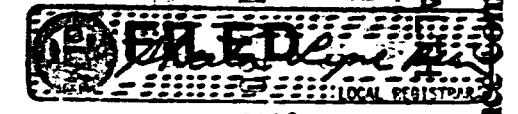
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 24 1998

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 LAWS AND ORDINANCES.

Key No. 47-437-25

Legal: Lot 25, Block 1, Tarrytown First Subdivision in the City of Gary, Plat Book 30, page 13.



AUG 25 2000

CTIC Has provided accommodation recording of the instrument or the land affected.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
REGISTRAR OF VITAL STATISTICS
FILED
AUG 25 2000
LOCAL REGISTRAR

9.00
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