

To Crystal Sullivan

Certified Copy of a Death Record

LAKE COUNTY
FILED FOR RECORD 37-4

DECEASED'S BIRTH NO. 1602
 REGISTRATION DISTRICT NO. 2002
 REGISTERED NUMBER 950
 STATE OF ILLINOIS 105894
 DATE OF DEATH 2002 NOV 19 AM 11:45
 STATE FILE NUMBER

DECEASED - NAME: DANIEL SIGNORELLI
 FIRST MIDDLE LAST
 SEX: MALE
 DATE OF DEATH - (MONTH, DAY, YEAR): JUNE 28, 1988

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): 4a. WHITE
 ORIGIN OR DESCENT: 4b. ITALIAN
 AGE - LAST BIRTHDAY (YRS): 5a. 04
 UNDER 1 YEAR: 5b. MOS. DAYS
 UNDER 1 DAY: 5c. HOURS MIN.
 DATE OF BIRTH - (MO., DAY, YEAR): 6. March 18, 1924
 COUNTY OF DEATH: 7a. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 7b. PROVISO TOWNSHIP
 HOSPITAL OR OTHER INSTITUTION: 7c. VETERANS ADM. HINES, IL 60141
 IF HOSP. OR INST. INDICATE DOA OPENED OR INPATIENT (SPECIFY): 7d. INPATIENT

STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY): 8. INDIANA
 CITIZEN OF WHAT COUNTRY: 9. U.S.A.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. MARRIED
 NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE): 11. KATHERINE (BRAMBROS)

SOCIAL SECURITY NUMBER: 12. 315-16-9206
 USUAL OCCUPATION: 13a. CRANE OPER.
 KIND OF BUSINESS OR INDUSTRY: 13b. M. & T. Chemicals
 WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO: 13c. YES
 WAR OR DATES OF SERVICE: 13d. WW II

RESIDENCE STREET AND NUMBER: 14a. 7426 Monroe
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 14b. Hammond
 INSIDE CITY YES / NO: 14c. YES
 COUNTY: 14d. Lake
 STATE: 14e. IN

FATHER - NAME: 15. Joseph Signorelli
 MOTHER - MAIDEN NAME: 16. Olive Puccio

INFORMANT NAME (TYPE OR PRINT): 17a. Larry Anderson, M.A.A.
 RELATIONSHIP: 17b. Hospital Records
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. VETERANS ADM. HINES, IL 60141

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 PART I. IMMEDIATE CAUSE

(a) Cardiopulmonary Arrest, DUE TO OR AS A CONSEQUENCE OF: Unknown
 (b) Coronary Artery Disease, DUE TO OR AS A CONSEQUENCE OF:
 (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 DATE OF OPERATION, IF ANY: 20a.
 MAJOR FINDINGS OF OPERATION: 20b.

(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. JUNE 28, 1988
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO: 21b. NO
 HOUR OF DEATH: 21c. 3:56
 IF YES WERE FINGERES CONSIDERED IN DETERMINING CAUSE OF DEATH: 21d. NO

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 22a. *Jewell M. Kozlowski M.D.*
 NAME AND ADDRESS OF CERTIFIER: 22b. VETERANS ADM. HINES, IL 60141
 DATE SIGNED - (MONTH, DAY, YEAR): 22c. JUNE 28, 1988
 ILLINOIS LICENSE NUMBER: 22d. T019759

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 23. *Jewell M. Kozlowski*
 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. St. Joseph Cemetery
 LOCATION: 24c. HAMMOND INDIANA
 DATE: 24d. JULY 1, 1988

FUNERAL HOME: 25a. SOLAN FUNERAL HOME, INC. 7109 - CALUMET AVE HAMMOND, IND 46324
 FUNERAL DIRECTOR'S SIGNATURE: 25b. *Anthony Solan*
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 4448

LOCAL REGISTRAR'S SIGNATURE: 26a. *Wanda M. ...*
 BROADVIEW, ILLINOIS 60153
 DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. June 28, 1988

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record was established and filed in my office in accordance with the provisions of the Illinois Public Health Act.

DATE: JUN 28 1988
 SIGNED: *Wanda M. ...*
 AT: BROADVIEW, ILLINOIS 60153, Illinois OFFICIAL TITLE: *Registrar*

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. County clerks and local registrars are authorized to make certifications from copies of the original record. A certification of a death record by the Department of Public Health, local registrar or county clerk is valid for all purposes therein stated.

001471