

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

607841

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUN 1 2005

Form with fields for DECEASED-NAME (JOANN STEWART), COUNTY OF DEATH (COOK), AGE-LAST BIRTHDAY (61), HOSPITAL OR OTHER INSTITUTION (THE UNIVERSITY OF CHICAGO HOSPITALS), MARRIAGE STATUS (Married), OCCUPATION (Homemaker), RESIDENCE (979 Gerry Street), RACE (Black), RELIGION (Catholic), CAUSE OF DEATH (SEPTIC SHOCK), DATE OF DEATH (MAY 25, 2005), SIGNATURE (Annette Lindblom), and FUNERAL HOME (Guy & Allen Funeral Dir.).

2005 JUN 16 10 56 AM

I, JOHN L. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

Handwritten notes: KLU #, 47-19028



FILED

JUN 16 2005

STEPHEN R. STOLICH LAKE COUNTY A.U.P.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

001402

Funeral Director's Signature: Geoffrey Anderson (Agent), License Number 034-014941, Date Filed by Local Registrar: JUN 1 2005