

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER

608682

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED - NAME: **Jack Moswin** SEX: **2 Male** DATE OF DEATH: **3 April 23, 1982**

1. NAME (PRINT LAST, FIRST, MIDDLE), AGE - LAST BIRTHDAY (Y.M.S.), UNDER 1 YEAR, UNDER 1 DAY, DATE OF BIRTH (MO., DAY, YEAR), COUNTY OF DEATH
White **4b. JEWISH** **5a. 65** **5b. 65** **5c. 65** **6. 8/23/1916** **7a. Cook**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 7c. HOSPITAL OR OTHER INSTITUTION - MAKE UP NOT IN EITHER, GIVE STREET AND NUMBER: **Northwestern Memorial Hospital**
 7d. **Inpatient**

8. ILLINOIS SOCIAL SECURITY NUMBER: **3105**
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (PREV.): **11. PEARL ZLOTTIN**

12. RESIDENCE STREET AND NUMBER: **8816 Baring**
 13a. DOCTOR: **DOCTOR** 13b. MEDICAL: **YES** 13c. YES **13d. WORLD WAR 2**
 14a. **Indiana**

FATHER - NAME: **HARRY MOSKOVITZ** MOTHER - MAIDEN NAME: **EMMA LITWAK**

15. INFORMANT'S SIGNATURE: *[Signature]* RELATIONSHIP: **Medical Records** MAILING ADDRESS: **17c. 303 E. Superior Chicago, Illinois 60611**

17a. DEATH WAS CAUSED BY: **Septic shock**
 IMMEDIATE CAUSE: **24 hours**

18. IMMEDIATE CAUSE: **24 hours**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
 (a) **Septic shock**
 (b) **Bacterial pneumonia and pulmonary edema**
 (c) **Cerebral infarction and myocardial infarction**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (B)
Diffuse atherosclerosis

20a. DATE OF OPERATION, IF ANY: **April 13, 1982** MAJOR FINDINGS OF OPERATION: **Extensive carotid atherosclerosis**

21a. I ATTENDED THE DECEASED FROM: **April 11, 1982** TO: **April 23, 1982** 21c. **Him** April 22, 1982
 21d. **1:45 A.M.**

22a. SIGNATURE: *[Signature]* 22b. **April 23, 1982**

22c. **Thomas Stockert, M.D. 251 E. Chicago Chicago, Illinois 60611**

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

24a. BURIAL: **WESTLAWN** 24b. **CHICAGO, ILLINOIS** 24d. **4/26/82**

25a. BROWN FUNERAL HOME 2939 E. 95th. Street Chicago Illinois 60617

25b. LOCAL REGISTRAR'S SIGNATURE: *[Signature]* CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CHICAGO, ILLINOIS 60605
 DATE RECD. BY LOCAL REGISTRAR: **APR 26 1982**

REG-200 (REV. 7/78) Illinois Department of Public Health - Office of Vital Records

April 26, 1982

STATE OF ILLINOIS }
 COUNTY OF COOK } SS
 CITY OF CHICAGO }

I, Hugo H. Muriel, 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 of 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 as recorded kept by me in pursuance of said laws and ordinances.



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PEGGY HOLEN Certified Copy VALID
 LAKEVIEW MUNICIPALITY SEAL
 And BLUE SIGNATURE Are Affixed.

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Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Chris Burk
Signature of Declarant

Chris Burk
Printed Name of Declarant

Verified for Recording by
Ticor Title Insurance Company