

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

RECORDED  
INDEXED  
FEB 07 2007  
11:10:35  
MICHAEL A. CROWN  
RECORDER

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 07 2007

I, TERRY MASON 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 OBTINANCE OF SAID LAW AND ORDINANCES.

FILED  
DEC 28 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



24909

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

*Handwritten signature*

Parcel # 25-45-0448-0018

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

*601631*

1. DECEASED—NAME FIRST MIDDLE LAST Rafael Ramos, Jr.		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 4, 2007
2. COUNTY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) June 19, 1944	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY) Inpt.	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Gary Indiana		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
5. MARRIAGE STATUS Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Ramona Gutierrez	
6. SOCIAL SECURITY NUMBER 314 42 7729		KIND OF BUSINESS OR INDUSTRY Steel Worker	
7. RESIDENCE (STREET AND NUMBER) 1408 East 51st Avenue		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)	
8. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12. Inland Steel	
9. MOTHER—NAME Ramos, Sr.		INSIDE CITY (YES/NO) 13c. Yes	
10. FATHER—NAME Rafael		COUNTY Lake	
11. RELATIONSHIP Wife		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. YES SPECIFY: Mexican	
12. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1408 E. 51st Ave, Gary IN 46409		MIDDLE (MAIDEN) LAST Sanciprian	
13. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Acidosis (b) Hypoventilation (c) Coronary Artery Bypass Graft			
14. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
15. DATE OF OPERATION, IF ANY 2/1/07		MAJOR FINDINGS OF OPERATION 20b. Ventricular Septal Defect	
16. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 21c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
17. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21a.		HOUR OF DEATH 21c. 11 33 AM.	
18. SIGNATURE Vijay Nuthakk, MD		DATE SIGNED (MONTH, DAY, YEAR) 24b. 2/4/07	
19. NAME AND ADDRESS OF CERTIFIER Vijay Nuthakk, MD 1653 West Congress Parkway, Chicago IL 60612		ILLINOIS LICENSE NUMBER 22d. 036-013220	
20. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. R. March		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
21. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE (MONTH, DAY, YEAR) 24d. Feb. 9, 2007	
22. FUNERAL HOME Germarz Funeral Home		CITY OR TOWN Lemont	
23. FUNERAL DIRECTOR'S SIGNATURE Anthony P. Cappetta		STATE Illinois	
24. LOCAL REGISTRAR'S SIGNATURE Terry Mason MD		ZIP 60439	
25. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012112		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
26. DATE FILED FOR LOCAL REGISTRATION (MONTH, DAY, YEAR) FEB 07 2007		DATE FILED FOR LOCAL REGISTRATION (MONTH, DAY, YEAR)	