Certified Copy of a Death Record

	REGISTRATION DISTRICT NO.		STATE OF ILLINOIS							STATE FILE NUMBER		
	REGISTERED NUMBER	1545	М	EDICA	L CE	RTIFIC	CATE	OF DE	ATH	4		
Type or Print in	DECEASED-NAME	E	FIRST	MIDDL	É	LAST		SEX	DATEOF	EATH (MOI	NTH. DAY, YEAR)	
PÉRMANENT INK e Funeral Directors,	1.	DEBORAH	[ATALOVI		2 FEMALE		7 6, 20	001	
spital, or Physicians Handbook for	COUNTY OF DEAT	Ή _.		AGE-LAST BIRTHDAY		INDER 1 YEAR		DAY DATE OF	BIRTH (MONTH	I, DAY, YEAR)		
INSTRUCTIONS	4. COOK		· · · · · · · · · · · · · · · · · · ·	5a. 52	5t		5c.		IARCH 28			
	CITY, TOWN, TWP	OR ROAD DISTRI	ICT NUMBER	HOSPITAL	OROTHER	RINSTITUTION	I-NAME (IF NOT II	EITHER, GIVE STR	EET AND NUMBEF	I) IF HOS	SP, OR INST, INDICATE I IER. RM, INPATIENT (SP	
Α	6a. PROVIS					R G. MC				6c.	Inpatient	
DECEASED	BIRTHPLACE (CIT FOREIGN COUNTRY)		WIDOWED,	NEVER MARRIED DIVORCED (SPI	D, ECIFY)	NAME OF SUR	IVIVING SPOU	SE (MAIDEN NAME	, IF WIFE)		WAS DECEASED E ARMED FORCES?	
DECEASED	78ast Chic	1290 Indian	2 8a.Mar	ned				<u>alovich</u>			9. NO	
В	SOCIAL SECURITY	YNUMBER	USUALOCC	CUPATION	- 4	-	NESS OR INDU	Flemen	ATION (SPECIF) lary/Secondary (0-1	2) C	ST GRADE COMPLETED) college (1-4 or 5 +)	
C	10.316-54		11a. BC	okkeepe		11b Count			12			
D	RESIDENCE (STRI				1	OWN, TWP, OF	R ROAD DISTE	RICT NO.	INSIDE CITY (YES/NO)	60	HIY	
E	134.	Crowsnes				oboart			13c. Yes		Lake	
	STATE	ZIPC		RACE (WHITE, I INDIAN, etc.) (SPE	BLACK, AMER CIFY)			RIGIN? (SPECIFY)	NO OR YES-IF YES	S, SPECIFY OUR	SAN, MEXICAN, PUERTO F	
ι	13e. Indian	101.	46342	170.			4b. XXNO	☐ YES	SPECIFY:			
PARENTS	FATHER-NAME	FIRST	MIDDLE		AST	` N	NOTHER-NAM	E FIRST	MIDDLE	N	(MAIDEN) LAS	
PARENTS	15. LOU			SAMOCKI			16.	HELEN	TER			
,	INFORMANT'S NA	ME (TYPEORPRINT	Ŋ		net in	PYYYY RL	MAILING 21	ADDRESS (STRE	ETANDNO ORR		TOWN, STATE, ZIP)	
1		DALUPE FL	ORES			RECORDS	17c.MA	YWOOD.]	LLINOIS	6015	3	
2	18. PART I.	Enter th shock.	ne diseases, or c	complications that List only one ca	t caused the	death. Do not e	nter the mode o	f dying, such as ca	rdiac or respirato	ory arrest	APPROXIMATE INTE	
3	Immediate Cause ((Final			~~	1 A	• 11 2.	601	(1	1	1	
	disease or conditio resulting in death)	7_0	a) G	when IV		CHYAT	Tale 27	20200	rchaold	remon	THE LEW	
		- O	/	A CONSEQUEN								
	CONDITIONS, IF WHICH GIVE RIS		b) Ca	rdiovas	ever	collage	44					
CAUSE	IMMEDIATE CAL	JSE (a)	UETO, ORAS	A CONSEQUENC	CEOF			,				
	STATING THE UN CAUSE LAST.	NDERLYING TO	his Do			. 4				.		
			ais Do	cume	nt 1s i	the pr	opert	v of		, c	L	
4	PART II. Other sign		ributing to death bu	t not resulting in the u	nt 1S underlying caus	the present the pr	opert	y of	AUTOP	Y CE WER	E ALTOPSY FINDINGS AVAILAB BI EYYBLYTTATIBLE OF DEATH	
4			ributing to death bu	t not resulting in the u	nt 15 underlying caus Oun	the present the pr	opert corder	y of	AUTOPS (YES/NO)	JO STOM	EALTOPSY FINDINGS AVAILAB PLEYONOF CAUSE OF DEATH	
4 5		nificant conditions cont	ributing to death bu	t not resulting in the u	ount	the present the pr	opert order	y of	YES/NO	191 FEMACÉ, WAS	PLETION OF CAUSE OF DEATH D. THERE A PREGNANCY II	
4 5 N	PART II. Other sign	nificant conditions cont	mbuting to death but the MAJOR FIN	Lake C	ount	the present the pr	copert corder	y of	YES/NO	191 FEMACE, WAS IREE POOTHS	PLETION OF CAUSE OF DEATH D. THERE A PREGNANCY II	
4	DATE OF OPERAT	rificant conditions cont	MAJOR FIN	Lake C	ount	the present the pr		WAS CORONER 0	(YES/NO) 19a. IF 10 IF 2 OR MEDICAL	191 FEMACE, WAS IREE POOTHS	PLETIONOFCAISE OF DEATH THERE A PREGNANCY II	
4	DATE OF OPERAT 20a. VOID VOID NOT) A AND LAST SAWHI	rificant conditions cont	MAJOR FIN	DINGS OF OPER	RATION	the present the pr	To Control	WAS CORONER I	(YES/NO) 13a. 17 2 0R MEDICAL FIED? PES/NO)	FEMACE WAS IREE POTTHS OC. YES!	PLETION DE CAUSE OF DEATH D. THEREX PREGNANCY II TO NO	
4	DATE OF OPERAT 20a. (DID) DID NOT) A AND LAST SAW HI 21a.	nificial conditions continued to the con	MAJOR FIN	DINGS OF OPER	RATION	ty Rec		WAS CORONER EXAMINER NOTIF	ISBA TO THE PROPERTY OF THE PR	FEMALE WAS IREE MONTHS OC. YES! HOUR OF DI	PLETONOFCAISEOFDEATH D THEREAPREGNANCY III NO EATH A A A A	
4	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I	INTEND THE DECLEMENT ANY	MAJOR FIN	DINGS OF OPER	RATION 2 00	ty Rec		WAS CORONER EXAMINER NOTIF	ISBA TO THE PROPERTY OF THE PR	FEMACE WAS IREE POTTHS OC. YES!	PLETONOFCAUSE OF DEATH THEREA PREGNANCY II NO	
4	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU	TION, IF ANY TTEND THE DECLE IM/HER ALIVE ON MY KNOWLEDGE RE	MAJOR FIN 20b. EASED (MOI MAJOR FIN 20b.	DINGS OF OPER	RATION	AND PLACE AN	D DUE TO THE	WAS CORONER EXAMINER NOTIF	OR MEDICAL FIED? (ES NO.)	FEMALE WAS IREE NOTHS OC. YES HOUR OF DI 210 DATE SIGNE 22b	THEREAPREGNANCY II NO	
4	DATE OF OPERAT 20a. (DID (DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF II 22a. SIGNATUI NAME AND ADDRI	TION, IF ANY ATTEND THE DECLE M/HER ALIVE ON MY KNOWLEDGE: RE ESS OF CERTY IN	MAJOR FIN 20b. EASED (MO) CTYPE 0	DINGS OF OPER	RATION ZOO	AND PLACE AN 216	D DUE TO THE	WAS CORONER EXAMINER NOTIFICATION (C.) CAUSE(S) STATI	VESANO 158.7	FEMALE WAS TO THE MOURA OF DID TO THE SIGNE 22b ILLINOIS LICE	THEREA PREGNANCY II THEREA PREGNANCY II NO	
4	DATE OF OPERAT 20a. POID TOID NOT A AND LAST SAWHI 21a. TO THE BEST OF I 22a. SIGNATUI NAME AND ADDRI 22c.	TION, IF ANY THEND THE DECLIM/HER ALIVE ON MY KNOWLEDGE: RE ESS OF CERTY A	MAJOR FIN 20b. EASED (MO) MGL	DINGS OF OPER	RATION 200 IME, DATE A	AND PLACE AND PLACE AND AYWOOD,	D DUE TO THE	WAS CORONER EXAMINER NOTIFICATION (C.) CAUSE(S) STATI	VESANO 158.7	FEMALE WAS FIRE PROTTING OC. YES HOUR OF DI 210 DATE SIGNE 22b. ILLINIOIS LIC. 22d. 2	THEREAPREGNANCY II THEREAPREGNAN	
4	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF P 22a. SIGNATU NAME AND ADDRI 22c. NAME OF ATTEND	TION, IF ANY THEND THE DECLIM/HER ALIVE ON MY KNOWLEDGE: RE ESS OF CERTY A	MAJOR FIN 20b. EASED (MO) MGL	DINGS OF OPER	RATION ZOO	AND PLACE AND PLACE AND AYWOOD,	D DUE TO THE	WAS CORONER EXAMINER NOTIFICATION (C.) CAUSE(S) STATI	VESANO 158.7	FEMALE WAS REED THIS OC. YES I DATE SIGNE 22b. ILLINOS LIC 22d. 2	THEREAPREGNANCY II THEREAPREGNAN	
4	DATE OF OPERAT 20a. (DID) DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. NAME OF ATTEND 23.	TION, IF ANY THEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CERTIFIC JOING PHYSICIAN III	MAJOR FIN 20b. EASED (MO) (TYPE) FOTHER THAN	DINGS OF OPER	RATION ZOO IME, DATE A MI (TYPE OR	AYWOOD,	O S. F.	WAS CORONER EXAMINER NOTIFICATION (C.) CAUSE(S) STATION (C.) CRST AVE DIS 6015	TED? (FESTO)	FEMALE WAS REED TO THE STORY THE POUT OF DI CONTROL TO THE STORY T	THEREAPREGNANCY II THEREAPREGNAN	
4	DATE OF OPERAT 20a. KDID XDID NOT) A AND LAST SAW HI 21a. TO THE BEST OF II 22a. SIGNATUI NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMONAL SPECIF	TION, IF ANY THEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CENTURE LINE OF CENTURE TON, ICE	MAJOR FIN 20b. EASED (MO) CTYPE OF THE THAK	DINGS OF OPER NTH, DAY, YEAR) ARED AT THE TIL PRINT) ACERTIFIER REMATORY—NA	RATION ZOO IME, DATE A MI (TYPEOR	AND PLACE AN 216 AYWOOD,	O S. F. ILLING	WAS CORONER EXAMINER NOTIFICATION TO THE CONTROL OF TOWN	STATE	FEMALE WAS REED TO THE STORY OF DATE SIGNE 22b. 22d. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THEREA PREGNANCY II THEREA	
4	DATE OF OPERAT 20a. (DID X DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVALISHED 24a.	TION, IF ANY THEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CENTURE LINE OF CENTURE TON, ICE	MAJOR FIN 20b. EASED (MO) CTYPE OF THE THAK	DINGS OF OPER NTH, DAY, YEAR) OS, TARGED AT THE THE THE THE THE THE THE THE THE TH	PATION ZOO (IME, DATE A MA (TYPEOR Cemete	AND PLACE AN 216 AYWOOD, PRINT)	O S. F. ILLING	WAS CORONER EXAMINER NOTIFICATION OF THE PROPERTY OF TOWN 111v111e	STATE India	FEMALE WAS REED TO THE STATE OF THE STATE SIGNE 22b. 22b. 22d. 22d. 22d. 22d. 22d. 22d.	THEREA PREGNANCY III THEREA PR	
	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECE 24a. FUNERAL HOME	TION, IF ANY ATTEND THE DECEMM/HER ALIVE ON MY KNOWLEDGE ESS OF CERTALE LON, CE TON, CE TON	MAJOR FIN 20b. EASED (MOI MAJOR FIN 20b.)	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	216 AYWOOD, PRINT) COCA 24c.	OD S. F. ILLING	WAS CORONER EXAMINER NOTIFICATION OF TOWN 111v111e	STATE India	FEMALE WAS REED TO THE STATE OF	THEREA PREGNANCY III THEREA PR	
4	DATE OF OPERAT 20a. MOID TOID NOT A AND LAST SAWHI 21a. TO THE BEST OF I 22a. SIGNATUI NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECY 24a. FUNERAL HOME 25a. BY OW	TION, IF ANY ATTEND THE DECLEM/HER ALIVE ON MY KNOWLEDGE, ESS OF CENTURE TON, CE TO	MAJOR FIN 20b. EASED (MO) DEATH OCCUM FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	216 AYWOOD, PRINT) COCA 24c.	OD S. F. ILLING	WAS CORONER EXAMINER NOTIFE 21b. CAUSE(S) STATE IRST AVE DIS 6015 CITYOR TOWN 111v111e CITYOR TOWN CHICAGO,	ORMEDICAL STATE India	FEMALE WAS FREE FRONTHS OC. YES HOUR OF DI 210 C 22b C	THEREA PREGNANCY III THEREA PR	
	DATE OF OPERAT 20a. (OID) IDID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMAN ALL SEPAT REMAN ALL SEPAT PUNERAL HOME Brow	TION, IF ANY ATTEND THE DECLEM/HER ALIVE ON MY KNOWLEDGE, ESS OF CENTURE TON, CE TO	MAJOR FIN 20b. EASED (MO) DEATH OCCUM FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	216 AYWOOD, PRINT) COCA 24c.	OD S. F. ILLING	WAS CORONER EXAMINER NOTIFE 21b. CAUSE(S) STATE IRST AVE DIS 6015 CITYOR TOWN 111v111e CITYOR TOWN CHICAGO,	STATE India India India India India	FEMALE WAS FREE POOTHS OC. YES HOUR OF DI 21c 22b 22b 22d 22d 22d 22d 22d 22d 25 The Control of	THEREAPREGNANCY II THEREAPREGNAN	
	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAWHI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECE 24a. FUNERAL HOME 25a. BYOW 54. FUNERAL DIRECT 25b.	TION, IF ANY ATTEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CERTALE LON, ICE TON, ICE TON TON TUNETA TON SEIGNATION	MAJOR FIN 20b. EASED (MO) DEATH OCCUM FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	216 AYWOOD, PRINT) COCA 24c.	OD S. F. ILLING	WAS CORONER EXAMINER NOTIFICATION TO CAUSE (S) STATE LEST AVE DIS 6015 CITYOR TOWN 111v111e CITYOR TOWN CITYOR TOWN CITYOR TOWN CHICAGO,	STATE India NN IIIno JNERAL DIRECTO	FEMALE WAS REED TO THE STATE OF THE SIGNE STATE OF THE ST	THEREA PREGNANCY II THEREA THERE	
	DATE OF OPERAT 20a. (DID X DID NOT) A AND LAST SAW HI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTENC 23. BURIAL, CREMAT REMOVAL SPECT 24a. FUNERAL HOME BYOW FUNERAL DIRECT	TION, IF ANY ATTEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CERTALE LON, ICE TON, ICE TON TON TUNETA TON SEIGNATION	MAJOR FIN 20b. EASED (MO) DEATH OCCUM FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	AND PLACE AN 216 AYWOOD, PRINT) COC. LUMBER OR R. F. E.	O S. F. ILLING ATION Merr:	WAS CORONER OF EXAMINER NOTIFICATION OF THE PROPERTY OF TOWN 111v111e CITY OF TOWN 111v11e CITY OF TOWN 11v11e CITY OF TOWN 11	STATE India NN IIIno JNERAL DIRECTO	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DO 210 210 220 220 220 220 220 220 220 220	EATH CENSE NUMBER LAME (MONTH, DAY, 24MAY 10, 216 MONTH, 24	
	DATE OF OPERAT 20a. (DID DID NOT) A AND LAST SAWHI 21a. TO THE BEST OF I 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECE 24a. FUNERAL HOME 25a. BYOW 54. FUNERAL DIRECT 25b.	TION, IF ANY ATTEND THE DECE IM/HER ALIVE ON MY KNOWLEDGE ESS OF CERTALE LON, ICE TON, ICE TON TON TUNETA TON SEIGNATION	MAJOR FIN 20b. EASED (MO) DEATH OCCUM FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) OS, AREDAITHE TIL PRINT) H CERTIFIER REMATORY-NA ET PATE	PATION ZOO IME, DATE A MI (TYPE OR Ceme to	AND PLACE AN 216 AYWOOD, PRINT) COC. LUMBER OR R. F. E.	OD S. F. ILLING	WAS CORONER OF EXAMINER NOTIFICATION OF THE PROPERTY OF TOWN 111v111e CITY OF TOWN 111v11e CITY OF TOWN 11v11e CITY OF TOWN 11	STATE India NN IIIno JNERAL DIRECTO	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DO 210 210 220 220 220 220 220 220 220 220	THEREA PREGNANCY II THEREA THERE	
DISPOSITION	DATE OF OPERAT 20a. MOID NOID NOT A AND LAST SAWHI 21a. TO THE BEST OF I 22a. SIGNATUI NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECT 24a. FUNERAL HOME 25a. FUNERAL DIRECT 25b. LOCAL REGISTRI 26a.	TON, IF ANY ATTEND THE DECL MY KNOWLEDGE ESS OF CENT TON, CE TON, CE TON FUNCTION TON'S SIGNATURE	MAJOR FIN 20b. EASED (MO) PAGE (TYPE) FOTHER THAN METERY OR CI D. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) PRINT) AD CERTIFIER REMATORY—NA 1. Park - 2939	ME CEMETE AND NEAST	AYWOOD, PRINT) LOCCETY 24c. UMBER OR F.F. 95th St	ation Merricet, (ew, Illino	WAS CORONER EXAMINER NOTIFE 21b. Cause(s) STATE IRST AVE DIS 6015 CITYOR TOWN 111v111e CITYOR TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 21v0 TOWN 2	STATE India Illino JNERAL DIRECTO 50. 03 ATE ALEO VILCO 66. Mer.	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DI 210. YES ILLINOIS LIC 22b. ILLINOIS LIC 22	EATH DED IMONTH DAY CENSE NUMBER CHOCKER OF MEDICAL EIFED CHARLES (MONTH DAY AND CONTROL OF CO	
DISPOSITION	DATE OF OPERAT 20a. POLIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDID	TION, IF ANY ATTEND THE DECIMINATION OF COMMENT OF COM	MAJOR FIN 20b. EASED (MO) FOTHER THAN METERY OR CI b. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) ARED AT THE TIL PRINT) ACCEPTIFIER REMATORY-NA T. Park - 2939 d corrected d corrected	ME COME TREET AND N	AYWOOD, PRINT) COCA PRINT) Broadvi Chadaa	O S. F. ILLING ATION Merr: C. reet,	WAS CORONER EXAMINER NOTIFE 21b. Cause(s) STATE IRST AVE DIS 6015 CITYOR TOWN 111v111e CITYOR TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 211v0 TOWN 21v0 TOWN 2	STATE India VIN III 1100 JINERAL DIRECTO 50. 03 ATE ALED BY LOC 6b. ALED JOHN TAME JOHN	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DI 210. YES ILLINOIS LIC 22b. ILLINOIS LIC 22	EATH DED IMONTH DAY CENSE NUMBER CHOCKER OF MEDICAL EIFED CHARLES (MONTH DAY AND CONTROL OF CO	
	DATE OF OPERAT 20a. POLIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDID	TION, IF ANY ATTEND THE DECIMINATION OF COMMENT OF COM	MAJOR FIN 20b. EASED (MO) FOTHER THAN METERY OR CI b. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) ARED AT THE TIL PRINT) ACCEPTIFIER REMATORY-NA T. Park - 2939 d corrected d corrected	ME COME TREET AND N	AYWOOD, PRINT) COCA PRINT) Broadvi Chadea	O S. F. ILLING ATION Merr: C. reet,	WAS CORONER EXAMINER NOTIFICATION TO THE DIS 60153	STATE India VIN III 1100 JINERAL DIRECTO 50. 03 ATE ALED BY LOC 6b. ALED JOHN TAME JOHN	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DI 210. YES ILLINOIS LIC 22b. ILLINOIS LIC 22	EATH DED IMONTH DAY CENSE NUMBER CHOCKER OF MEDICAL EIFED CHARLES (MONTH DAY AND CONTROL OF CO	
DISPOSITION REBY CERTIFY d was established	DATE OF OPERAT 20a. POLIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDID	TION, IF ANY ITEND THE DECEMENT ON THE DECEMENT OF CERTURE TON SEIGNATURE TOR SEIGNATURE T	MAJOR FIN 20b. EASED (MOI MAJOR FIN 20b. EAS	DINGS OF OPER NTH, DAY, YEAR) ARED AT THE TIL PRINT) ACCEPTIFIER REMATORY-NA T. Park - 2939 d corrected d corrected	ME COME TREET AND N	AYWOOD, PRINT) LOCCE ETY 24c. RUMBER OR F. E. Broadvi	O S. F. ILLING ATION Merr: C. reet,	WAS CORONER EXAMINER NOTIFICATION TO THE DIS 60153	STATE India VIN III 1100 JINERAL DIRECTO 50. 03 ATE ALED BY LOC 6b. ALED JOHN TAME JOHN	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DI 210. YES ILLINOIS LIC 22b. ILLINOIS LIC 22	EATH DED IMONTH DAY CENSE NUMBER CHOCKER OF MEDICAL EIFED CHARLES (MONTH DAY AND CONTROL OF CO	
DISPOSITION	DATE OF OPERAT 20a. (DID NOID NOT) A AND LAST SAW HI 21a. TO THE BEST OF P 22a. SIGNATU NAME AND ADDRI 22c. YE NAME OF ATTEND 23. BURIAL, CREMAT REMOVAL SPECT 24a. FUNERAL HOME BY LOCAL REGISTRI 26a. Y THAT the filed in the	TION, IF ANY ATTEND THE DECIMINATION OF COMMENT OF COM	MAJOR FIN 20b. EASED (MO) FOTHER THAN METERY OR CI b. Calume NAME 1 Home	DINGS OF OPER NTH, DAY, YEAR) PRINT) HOPRINT) HOPRINT) HOPRINT PARK - 2939 d correct core with the correct core with the correct core with the core	ME CEMETE AND N East	AYWOOD, PRINT) Broadvi the death for the death	ation Merrice ew, Illino	WAS CORONER EXAMINER NOTIFE 21b. C. CAUSE(S) STATE IRST AVE DIS 6015 CITYORTOWN 111v111e CITYORTOWN Chicago, File deceed Visal Record Control Record Contro	STATE India STATE India Illino JNERAL DIRECTO 5.0 3 ATE ALEO BYLOG 6b. Ment name da Act	FEMALE WAS FREE FOOTHS OC. YES HOUR OF DI 21c. O DATE SIGNIE 22b. ILLINIOIS LIC 22d. 2 NOTE: IF AN IND EATH THE CO MUST BE NOTE 1.S 606 AT SILLINOIS LIC 4-0122 AL REGISTRAF 7, 2 d at Item	EATH DED IMONTH DAY CENSE NUMBER CHOCKER OF MEDICAL EIFED CHARLES (MONTH DAY AND CONTROL OF CO	

The original record of this death is permanently filed with the FLENOIS DERAR THOSE OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certification? from copies of the original record. The illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facle evidence of the facts therein stated.