

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

UNOFFICIAL COPY

DATE June 3, 1971 00502855 SIGNED [Signature]
 AT Evanston, Illinois, OFFICIAL TITLE Local Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VR-201B (1968) BUREAU OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706
 (25M 3/70r)

REGISTRATION DISTRICT NO. 16.23 STATE OF ILLINOIS
 REGISTERED NUMBER 554 CORONER'S CERTIFICATE OF DEATH
 STATE FILE NUMBER 00502855

DECEASED—NAME: HELENLEE G. WITZEL FIRST MIDDLE LAST
 RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White
 AGE—LAST BIRTHDAY (YRS.) 43 5a. 5b. 5c. UNDER 1 YEAR UNDER 1 DAY
 MONTHS DAYS HOURS MIN.
 DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 6 1928 PLACE OF BIRTH (MONTH, DAY, YEAR) COOK
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVANSTON INSIDE CITY (YES/NO) Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST. FRANCIS HOSPITAL D.O.A.

7b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois 7c. CITIZEN OF WHAT COUNTRY United States
 8. SOCIAL SECURITY NUMBER 111-11-1111 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
 12. Not Available 13a. Housewife 13b. Own Home 11. EDUCATED No
 RESIDENCE: STATE Illinois COUNTY Cook CITY, TOWN, TWP. OR ROAD DISTRICT NO. 1311 No. Heystone
 INSIDE CITY (YES/NO) Yes U.S. WAR VETERAN: WAR OR DATES OF SERVICE

14a. FATHER—NAME Harvey 14b. Coor 14c. Colomar 14d. Walter
 FIRST MIDDLE LAST MOTHER—MAIDEN NAME ESTHER
 15. INFORMANT'S SIGNATURE Harvey D. Wroble 16. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 170 W. Wroble, Evanston, IL 60645

17a. Wroble 17b. Wroble 17c. Wroble 17d. Wroble
 DEATH WAS CAUSED BY: (a) Carbon Monoxide Poisoning
 IMMEDIATE CAUSE (b) Due to, or as a consequence of
 (c) Due to, or as a consequence of
 CONDITIONS, IF ANY, IMMEDIATELY PRECEDING OR STATING THE UNDERLYING CAUSE LAST.

PART II: OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 (b) None
 (c) None

ACIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) SUICIDE DATE OF INJURY (MONTH, DAY, YEAR) MAY 3 1971 TIME 10:37 A.M.
 20a. INJURY AT WORK PLACE, IN INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) IN GARAGE LOCATION 1311 No. Heystone - Lincolnwood
 20b. No 20c. No 20d. No

21a. I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE AND/OR THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
 CORONER'S SIGNATURE [Signature] DATE SIGNED (MONTH, DAY, YEAR) MAY 3 1971
 CORONER'S PHYSICIAN'S SIGNATURE [Signature] DATE SIGNED (MONTH, DAY, YEAR) MAY 27 1971

23a. BUREAL, CREMATION, REMOVAL (SPECIFY) BURIAL CEMETERY OR CREMATORY—NAME Westlawn LOCATION Chicago, Illinois DATE SIGNED (MONTH, DAY, YEAR) MAY 3 1971
 24a. Burial NAME Westlawn CITY OR TOWN Chicago, Illinois DATE SIGNED (MONTH, DAY, YEAR) MAY 4, 1971
 FUNERAL HOME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP Weinstein Brothers, Inc., 1300 W. Devon Chicago, Illinois 60626

25a. FUNERAL DIRECTOR'S SIGNATURE Myron Weinstein FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 1917
 25b. LOCAL REGISTRAR'S SIGNATURE [Signature] DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 26, 1971
 26a. [Signature] DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 26, 1971

UNOFFICIAL COPY

Property of Cook County Clerk's Office