

Property of Cook County Clerk's Office

All of LOT ONE HUNDRED SEVENTY TWO.....(172)
The West Quarter (¼) of LOT ONE HUNDRED SEVENTY THREE.....(173)

In North 48th Avenue Addition, a Subdivision of part of the Northeast Quarter (¼) of Section 4,
Township 39 North, Range 13, East of the Third Principal Meridian.

16-04-217-002 PA

REGISTRATION DISTRICT NO. **1610**
 REGISTERED NUMBER
 DECEASED-NAME **Leroy** FIRST **English** MIDDLE **English** LAST **English** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **Aug. 1, 1998**

COUNTY OF DEATH **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** AGE-LAST BIRTHDAY (YRS) **5a. 60** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Rush-Pres-St. Luke's Medical Center** INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Charlotte, NC** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Married** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Teresa Murray** WAS DECEASED EVER MARRIED, DIVORCED (YES/NO) **9. No**

SOCIAL SECURITY NUMBER **10-350-28-8251** USUAL OCCUPATION **11a. Laborer** KIND OF BUSINESS OR INDUSTRY **11b. General** EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED) **12. 0** COUNTY **4 COOK**

RESIDENCE (STREET AND NUMBER) **13a. 4855 W. Kamerling** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **13c. Yes** COUNTY **COOK**

FATHER-NAME FIRST **Illinois** MIDDLE **13b. 606** LAST **Black** MOTHER-NAME FIRST **Odell** MIDDLE **English** LAST

INFORMANT'S NAME (TYPE OR PRINT) **17a. Teresa** RELATIONSHIP **17b. Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) **4855 W. Kamerling Avenue, Chicago, IL**

18. PART I. Impedible Cause (Final disease or condition resulting in death) **English** Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respo. stop, arrest, shock, or heart failure. List only one cause on each line.
(a) Hemorrhagic CVA
(b) Hypertension
(c) End stage renal disease

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

20. I (DID) (DID NOT) ATTEND THE DECEASED **20a.** AMONGST SAW HIM/HER ALIVE ON **8/1/98** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b. No**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21a. SIGNATURE **N. J. [Signature]** (TYPE OR PRINT) **21c. 3:42 P.M.** DATE SIGNED (MONTH, DAY, YEAR) **8/3/98**

22. NAME AND ADDRESS OF CERTIFIER **22a. Dr. Vitu John 1653 W. Congress Pkwy Chg, IL 60612** ILLINOIS LICENSE NUMBER **22b. 36095335**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) **23c. 36095335**

BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Burial** CEMETERY OR CREMATORY-NAME **Parkholm** LOCATION **Lagrange, IL** DATE (MONTH, DAY, YEAR) **8-5-98**

FUNERAL HOME **24b. Wallace funeral Home 2020 W. Roosevelt Rd. Broadview, IL 60153** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

FUNERAL DIRECTOR'S SIGNATURE **25a. [Signature]** LOCAL REGISTRAR'S SIGNATURE **25b. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **25c. 34-9351**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **4/1998**

26a. LOCAL REGISTRAR'S SIGNATURE **[Signature]**

26b. LOCAL REGISTRAR'S SIGNATURE **[Signature]**

26c. LOCAL REGISTRAR'S SIGNATURE **[Signature]**

26d. LOCAL REGISTRAR'S SIGNATURE **[Signature]**

26e. LOCAL REGISTRAR'S SIGNATURE **[Signature]**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 SEP 29 2000

SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.