

Prepared by and Mail to:

Joseph M. Haddad
Attorney at Law
11714 S. Western Avenue
Chicago, IL 60643-4732
773-239-8889
773-239-7373 (fax)



Property of Cook County Clerk's Office

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 20 1995
L. SHEILA TYNE, RSM, 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 PURSUANCE OF SAID
LAWS AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

00835225

Page 3 of 3



THIS CERTIFIED COPY VALID WHEN
MILITARY OR SIGNATURE SEAL IS
AFFIXED.

STATE FILE
NUMBER

611382

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
REGISTERED NUMBER	CHICAGO			READER	2. FEMALE	3. JUNE 19, 1995
1. COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DAYS	HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 58.6	5b.	5c.			5d. NOVEMBER 3, 1908
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					6. IF HOSP. OR INST. INDICATE DOA OF-EMER, RM, INFANTRY (SPECIFY)
6a. CHICAGO	6b. 11554 SOUTH CHURCH STREET					6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)					7. WAS DECEASED EVER IN ARMED FORCES? (YES-NO)
7. CHICAGO	8a. MARRIED					9. NO
SOCIAL SECURITY NUMBER	8b. USUAL OCCUPATION					EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 323-10-0076	11a. COOK					12. College (1-4 or 5-1)
RESIDENCE (STREET AND NUMBER)	11b. RESTAURANT					13. INSIDE CITY (YES-NO)
13a. 11554 SOUTH CHURCH ST.	13b. CHICAGO					13c. YES
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY)					13d. COUNTY
ILLINOIS	14a. BLACK					13d. COOK
FATHER-NAME	FIRST	MIDDLE	LAST	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	14c. SPECIFY:	
15. AUNT AVAILABLE				14b. NO	14c. YES	MIDDLE
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP			MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. EDMOND READER	17b. HUSBAND			17c. 11554 SOUTH CHURCH, CHICAGO, ILL.		
18. PART I.	Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one causing on each line.					
Immediate Cause (Final disease or condition resulting in death)	(a) Insulin dependent diabetes					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Chronic renal ailment, hypertension					
	(c) Peripheral vascular disease					
PART II. Other contributing conditions contributing to death but not featuring in the underlying cause given in PART I.	Mattribution, Decubitus ulcers					
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION					AUTOPSY (YES-NO)
20a. May 1995	20b. Intestinal obstruction					19b.
(1)(D) (DECEASED) ATTEND THE DECEASED AND LAST SAW HIM-/HER ALIVE ON	(MONTH, DAY, YEAR)					19c.
21a.	6/16/95					20c. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [] NO []
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AD DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE	S. Akhtar					21c. 3:15 (MONTH, DAY, YEAR)
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	S. Akhtar MD					22b. 6/19/95
22c. SAMEENA AKHTAR 9831 S. WESTERN CHICAGO ILLINOIS 60643						ILLINOIS LICENSE NUMBER
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER						22d. 03607768
23.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL CEMETERY OR CREMATORY-NAME	LOCATION		CITY OR TOWN	STATE	DATE	(MONTH, DAY, YEAR)
24a. BURIAL	24b. C.F.D.A.R. PARK		24c. CHICAGO	ILLINOIS	06/21/95	
FUNERAL HOME	STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	24d. 06/21/95	
25a. THE WILLIAMS CHAPEL-11053 SO. VINCENNES AVENUE-CHICAGO-ILLINOIS			ILLINOIS	CHICAGO	60643	
FUNERAL DIRECTOR'S SIGNATURE						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. S. Akhtar						034-007911
LOCALITY	RSM					