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STATE FILE NUMBER

618898

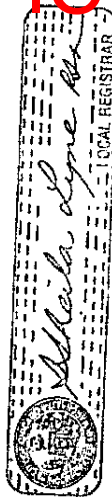
MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 19 1997

I SHEILA LYNE, 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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Main form containing personal and medical details of the deceased. Fields include: DECEASED NAME (ROBERT FELICIONE), DATE OF DEATH (NOVEMBER 17, 1997), SEX (MALE), DATE OF BIRTH (AUGUST 26, 1951), HOSPITAL (Cook County Hospital), SURVIVING SPOUSE (Bernadette S. Golombek), BUSINESS OR INDUSTRY (Attorney), RACE (White), RELATIONSHIP (Wife), MARRIAGE DATE (11-12-97), PLACE OF BIRTH (Chicago, IL), and SIGNATURE (Marie Kowalski).