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9896/0033 50 001 Page 1 of 3  
2001-12-28 12:14:48  
Cook County Recorder 25.50

STATE OF ILLINOIS ]  
COUNTY OF Cook ]



DENISE L. ST. JOHN being duly sworn states that I resides at 2609 W. HIRSCH ST in the City of CHICAGO

That I was acquainted with Cody H. St. John, my husband deceased who, at the time of HIS death, was one of the owners of the land in CHICAGO COOK County, Illinois described as:

P.I.N. 16-01-217-020-0000

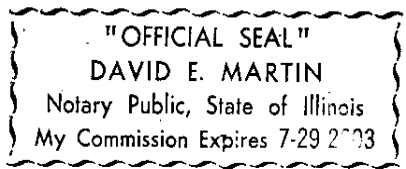
That the deceased died AUGUST 26, 1973 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said

Denise L. St. John  
this 5<sup>th</sup> day of Dec., A.D. ~~19~~ 2001

[Signature]  
Notary Public

(affiant signature)

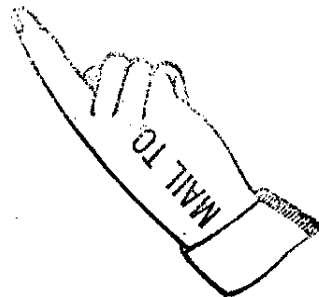


Description of land at 2609 West Hirsch St. Chicago, Illinois 60622.

LOT FOUR (4) (except that part described) as follows; Commencing at a point in the West line of said Lot Four (4) which is 49.97 feet South of the Northwest Corner thereof thence East 1.07 feet; thence South 30.90 feet to a point which is 0.60 feet East of the West line of said Lot Four (4); thence South 42.57 feet to a point which is 0.33 feet East of the West line of said Lot Four (4); thence West 0.33 feet to the West line of said Lot (4); thence North along the West line of said Lot Four (4), 73.47 feet to place of beginning).

In Block One (1) in the Humboldt Park Residence Association's Subdivision of the Southwest Quarter (1/4) of the Northeast Quarter (1/4) of Section 1, Town 39 North, Range 13, East of the Third Principal Meridian.

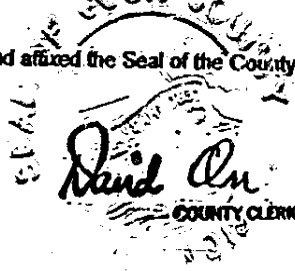
*Miss L. St John  
2609 W Hirsch St  
Chicago, Ill. 60622-1609*



UNOFFICIAL COPY

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



STATE FILE NUMBER

560

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

623094

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		623094
DECEASED—NAME		FIRST MIDDLE LAST	SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. EDDY H. ST. JOHN			2. MALE 3. AUG. 26 - 1973
RACE WHITE, NEGRO, AMERICAN-INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: NOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF BIRTH COUNTY
4. WHITE	5a. 46	5b. 5c.	6. OCT. 3 - 1926 7a. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
Chicago	Yes	7d. D.O.A. ST. ELIZABETH HOSPITAL	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. WEST VIRGINIA	9. U.S.A.	10. MARRIED	11. DENISE DE SORCIE
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE
12. 234 40-8915	13a. PLANT MANAGER	13b. WIRE CABLE CO.	13c. YES 13d. W.W. II
RESIDENCE STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO) STREET AND NUMBER
14a. ILLINOIS	14b. COOK	14c. CHICAGO	14d. YES 14e. 2609-W. HIRSCH ST.
FATHER—NAME		FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. ROGER ST. JOHN			16. IRENE ST. JOHN
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Denise St. John		17b. WIFE	17c. 2609-W. HIRSCH ST. CHICAGO ILLINOIS 60622
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE			2 hours
(a) Myocardial Infarction			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
(b)			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES/NO) 19a. NO 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION
20a. I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)		20b. TO (MONTH, DAY, YEAR)	20c. AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)
21a. 1-1-71		21b. 8-26-73	21c. 8-10-73
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER
22a. Martin Gonzale		22b. 8-26-73	22c. 34503
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.	CITY OR TOWN STATE ZIP
23. 2350 N. Kimball		Chicago	Illinois 60647
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. NEGER MEMORIAL	24c. RODERFIELD WEST VIRGINIA	24d. AUG 30 1973
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN STATE ZIP
25a. ALTMAN PANFEL FUNERAL HOME	2644 S. W. HIRSCH ST.	CHICAGO ILLINOIS	60622
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. William A. Panfel		25c. 6093	
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Harvey C. Brauer		26b. AUG 27 1973	

DR MARTIN GONZALEZ

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