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STATE FILE NUMBER
607210

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED-NAME: **Michael J. Ferrarelli** MIDDLE: **J. Ferrarelli** SEX: **2 Male** DATE OF DEATH (MONTH, DAY, YEAR): **3 April 12, 1995**

CITY OF DEATH: **Cook** COUNTY OF DEATH: **Cook** DATE OF BIRTH (MONTH, DAY, YEAR): **June 12, 1931**

CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER: **Chicago, 5229 N. Long** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **5229 N. Long**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL** 6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Jean Houman**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** 8a. KIND OF BUSINESS OR INDUSTRY: **Printing** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Jean Houman**

SOCIAL SECURITY NUMBER: **359-22-3581** 11a. USUAL OCCUPATION: **Printer** 11b. CITY, TOWN, TWP, OR ROAD/DISTRICT NO.: **Chicago**

10. RESIDENCE (STREET AND NUMBER): **5229 N. Long** 13a. STATE: **Illinois** 13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White**

13c. ZIP CODE: **60630** 14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.): **No**

FATHER-NAME: **Joseph Ferrarelli** MIDDLE: **Joseph** LAST: **Ferrarelli** 14b. MOTHER-NAME: **Daisy Sotomanto** 14c. SPECIFY: **MIDDLE**

15. INFORMANT'S NAME (TYPE OR PRINT): **Deborah Hampton** 16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **836 W. Wellington Chgo, IL 60657**

17a. RELATIONSHIP: **Hospital** 17b. RECORDS: **17c. Records**

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 cause on each line.
 Immediate Cause (Final disease or condition resulting in death): **(a) Lung Cancer**
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **February 18, 1995** 20b. MAJOR FINDINGS OF OPERATION: **Lung Cancer**

19a. AUTOPSY (YES/NO): **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **NO**

20a. (10)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **February 18, 1995** 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO** 21c. HOUR OF DEATH: **12:38 P.M.**

22a. SIGNATURE: **Sara Braunstein** (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR): **April 15, 1995**

22c. NAME AND ADDRESS OF CERTIFIER: **Sara Braunstein, 3502 N. Kedzie Chicago, Illinois 60618**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **Sara Braunstein**

24a. BUIRIAL REMOVAL (SPECIFY): **Burial** 24b. CEMETERY OR CREMATORY-NAME: **Maryhill** 24c. LOCATION: **Niles, IL** 24d. STATE: **IL**

25a. FUNERAL HOME: **Smith-Corcoran Funeral Home** 25b. STREET AND NUMBER OR R.F.D.: **6150 N. Cicero Ave Chicago, IL 60646** 25c. CITY OR TOWN: **Chicago** 25d. STATE: **IL**

25b. FUNERAL DIRECTOR'S SIGNATURE: **Sandra Lyne RSM** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-014701**

26a. LOCAL REGISTRAR'S SIGNATURE: **Sheila Lyne, RSM** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **APR 14 1995**

26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **APR 15 1995**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

APR 17 1995

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.

Sheila Lyne RSM

20757601

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.