



REGISTRATION DISTRICT NO. **610**  
 REGISTERED NUMBER  
 DECEASED-NAME **PAUL** FIRST MIDDLE LAST  
 SEX **2 MALE**  
 DATE OF DEATH (MONTH, DAY, YEAR) **3 NOVEMBER 16, 1996**  
 STATE OF ILLINOIS  
 STATE FILE NUMBER **619472**

**MEDICAL CERTIFICATE OF DEATH**

1. COUNTY OF DEATH **COOK**  
 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**  
 3. AGE - LAST BIRTHDAY (YRS) **58 69**  
 4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
 5. RESURRECTION MEDICAL CENTER  
 6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
 7. **7 Chgo., Ill.**  
 8. **Married**  
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 10. **Engineer**  
 11. **Food CO.**  
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 99. **Yes**  
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17a. **Lorraine Andras**  
 17b. **Wife**  
 17c. **2446 W. Huron, Chgo., IL, 60612**  
 18. **Paul**  
 19. **Andras**  
 20. **Anna Lee**  
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21a. **NOVEMBER 16, 1996**  
 21b. **NOVEMBER 17, 1996**  
 21c. **7:00PM**  
 21d. **M.**  
 22a. **ASHOK SAWLANT M.D. 5330 N DEVON CHICAGO, IL, 60646**  
 22b. **22036-088986**  
 23. **22036-088986**  
 24a. **Maryhill**  
 24b. **Niles, Illinois**  
 24c. **Nov. 20, 1996**  
 25a. **John Rago Sons 721 N. Western Ave., Chicago, Illinois 60612**  
 25b. **Joseph Rago**  
 25c. **25c.34-011009**  
 26a. **NOV 18 1996**  
 26b. **NOV 18 1996**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
**NOV 18 1996**  
 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

CLAIM No  
 1235477302

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