




STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER  
**617253**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
**NOV 2 2001**

I, JOHN L. WILHELM M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

  
*John L. Wilhelm, MD*  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME	FRED	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
2. COUNTY OF DEATH	FRED			MOHR	2. MALE	3. OCTOBER 30, 2001
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	CHICAGO			THE UNIVERSITY OF CHICAGO HOSPITALS		5d. May 19, 1935
4. COOK	11a. Proprietor			11b. Glass		12. 12
5a. BIRTHDAY (YRS)	5b. 66	5c. 5d.	5e.	5f.	5g.	5h.
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	CHICAGO			THE UNIVERSITY OF CHICAGO HOSPITALS		6c. INPATIENT
7. Wynne, Ak. AR	8a. Married	8b. Barbara Rogers	8c. INPATIENT	9. No		
10. 429-64-1292	11a. Proprietor	11b. Glass	12. 12	13c. Yes	13d. Cook	
11. 11022 Saratoga Drive	11a. Proprietor	11b. Glass	12. 12	13c. Yes	13d. Cook	
12. Illinois	13f. 60467	14a. White	14b. X	14c. YES	14d. YES	14e. YES
13. Arthur	13f. 60467	14a. White	14b. X	14c. YES	14d. YES	14e. YES
14. MAYBELEINE GIGGERS	14a. White	14b. X	14c. YES	14d. YES	14e. YES	14f. YES
15. HOSPITAL RECORDS	15a. YES	15b. YES	15c. YES	15d. YES	15e. YES	15f. YES
16. CHICAGO, ILLINOIS 60637	16a. YES	16b. YES	16c. YES	16d. YES	16e. YES	16f. YES
17. CHICAGO, ILLINOIS 60637	17a. YES	17b. YES	17c. YES	17d. YES	17e. YES	17f. YES
18. PART I. Immediate Cause (Final disease or condition resulting in death)	(a) SEPSIS		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF	
19. LUNG CANCER	(a) SEPSIS		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF	
20. DATE OF OPERATION, IF ANY	20a. 20b.		20c.		20d.	
21. (1) (ID) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)	OCTOBER 30, 2001		WAS COPROMORPHIC EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
22. SHANIKA SAMARASINGHE, MD	5841 SOUTH MARYLAND		CHICAGO, ILLINOIS 60637		7:30 P.M.	
23. GINI FLEMING, MD	5841 SOUTH MARYLAND		CHICAGO, ILLINOIS 60637		7:30 P.M.	
24. CALUMET PARK CEMETERY	Merrillville, Indiana		24d. Nov. 3, 2001			
25. LAWYER SIGNATURE	John A. Wilhelm, MD		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		NOV 02 2001	
26. LOCAL REGISTRAR SIGNATURE	John A. Wilhelm, MD		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		NOV 02 2001	