

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED - NAME **Inge W. Mueller** FIRST MIDDLE LAST
 SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **May 20, 2004**

1. COUNTY OF DEATH **Cook**
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**
 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago**
 7. SOCIAL SECURITY NUMBER **339-34-0637**
 10. RESIDENCE (STREET AND NUMBER) **3648 N. Mozart**
 11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**
 11b. KIND OF BUSINESS OR INDUSTRY **Florist**
 12. EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED) **12**

8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY **Married**
 8b. NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Charles F. Mueller**
 9. WAS DECEASED EVER IN US ARMED SERVICES? (YES/NO) **No**
 13a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White**
 13b. OF HISPANIC ORIGIN? (SPECIFY AND ORIGIN) **Yes**
 13c. INSIDE CITY (YES/NO) **Yes**
 13d. COUNTY **Cook**

15. NOT AVAILABLE
 16. MOTHER - NAME FIRST MIDDLE LAST **Eugenia Spiess**
 17a. MARRIAGE RECORD NO. **17b. Record No. 251 E. Huron, Chicago IL**

18. ART. **Aurora Jambor**
 19. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Thrombosis**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, tra., shock, or heart failure. List only one cause on each line.
 (a) DUE TO OR AS A CONSEQUENCE OF **Thrombosis**
 (b) DUE TO, OR AS A CONSEQUENCE OF **Cholangio carcinoma**
 (c) DUE TO, OR AS A CONSEQUENCE OF

20a. DATE OF OPERATION, IF ANY
 20b. MAJOR FINDINGS OF OPERATION
 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **Yes**

21a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) **May 20, 2004**
 21b. WAS CORNER OF MEDICAL EXAMINER NOTIFIED? (YES/NO) **Yes**
 21c. HOUR OF DEATH **4:30 P. M.**
 21d. DATE SIGNED (MONTH, DAY, YEAR) **May 20, 2004**
 22. ILLINOIS LICENSE NUMBER **125-045622**

22a. SIGNATURE **Jambor**
 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Jambor**
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **Taru, There MD. 251 E. Huron, Chicago, IL 60611**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
 24a. CEMETERY OR CREMATORY - NAME **Egg Harbor Cemetery**
 24b. NAME **Egg Harbor, Wisconsin**
 24c. STREET AND NUMBER OR R.F.D. **Chicago**
 24d. CITY OR TOWN **Chicago**
 24e. STATE **Illinois**
 24f. DATE (MONTH, DAY, YEAR) **May 27, 2004**
 24g. ZIP **60622**

25a. FUNERAL HOME **Michalik Funeral Home 1056 W. Chicago**
 25b. FUNERAL DIRECTOR'S SIGNATURE **John S. Wilhelm, MD**
 25c. LOCAL REGISTRAR'S SIGNATURE **John S. Wilhelm, MD**
 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAY 24 2004**
 25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011947**

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
 (BASED ON 1969 U.S. STANDARD CERTIFICATE)

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 S. Wilhelm, MD
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.