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STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

DEC 29 2004

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.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  B C D E  PARENTS  1 2 3  CAUSE  4 5 N P  CERTIFIER  DISPOSITION	1. DECEASED NAME FIRST MIDDLE LAST <b>EDITH BRETZ</b>		SEX <b>2. FEMALE</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>3. 12/25/2004</b>		
	4. COUNTY OF DEATH <b>Cook</b>		AGE-LAST BIRTHDAY (YRS) 5a. <b>86</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>May 6, 1918</b>	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Calumet City</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>671 Manistee (Hospice)</b>		6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Austria</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Karl Bretz</b>		8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>
	10. SOCIAL SECURITY NUMBER <b>354-26-3394</b>		11a. USUAL OCCUPATION <b>Dining Room Manager</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Federal Reserve Bank</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>College (1-4 or 5+)</b>
	13a. RESIDENCE (STREET AND NUMBER) <b>671 Manistee</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Calumet City</b>		13c. INSIDE CITY (YES/NO) <b>Yes</b>		13d. COUNTY <b>Cook</b>
	13e. STATE <b>Illinois</b>		13f. ZIP CODE <b>60409</b>		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
	15. FATHER-NAME FIRST MIDDLE LAST <b>Alexander Fischera</b>			16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Elisabeth Balzow</b>			
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Karl Bretz</b>		17b. RELATIONSHIP <b>Husband</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>671 Manistee, Calumet City, IL. 60409</b>		
	18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) MYOCARDIAL INFARCTION</b>		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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) HYPERTENSION</b>		DUE TO, OR AS A CONSEQUENCE OF				YEARS	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>PARKINSON'S DISEASE</b>						19a. AUTOPSY (YES/NO) <b>No</b>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>12/9/04</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		21c. HOUR OF DEATH <b>12:00 P. M.</b>			
22a. SIGNATURE <i>[Signature]</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>12/27/2004</b>				22c. ILLINOIS LICENSE NUMBER <b>036-103751</b>	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>DRAGOS POPESCU 1735 N. ASHLAND; CHICAGO, IL</b>		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Cremation</b>		24b. CEMETERY OR CREMATORY-NAME <b>Regional Cremation Services</b>		24c. LOCATION CITY OR TOWN STATE <b>Munster, Indiana</b>		24d. DATE (MONTH, DAY, YEAR) <b>Dec. 30, 2004</b>	
25a. FUNERAL HOME NAME <b>Kompare Funeral Home, 9858 S. Commercial Ave. Chicago, IL. 60617</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011043</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 29 2004</b>					