

UNOFFICIAL COPY

LOT 15 IN BLOCK 8 IN EDGEMOND SIBLEY CENTER
ADDITION BEING A SUBDIVISION IN THE WEST 1/2
OF THE NORTH EAST 1/4 OF SECTION 10 TOWNSHIP
36 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY ILLINOIS

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16-10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
605870

DECEASED-NAME **WESTLEY Mae** FIRST MIDDLE LAST
SEX **2 Female** DATE OF DEATH (MONTH, DAY, YEAR) **3 April 25, 2007**

1. COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **5a. 65** UNDER 1 YEAR UNDER 1 DAY
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **6b. South Shore Hospital** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **6c. Inpatient**

2. **Chicago** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. MARION ARK.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** NAME OF SURVIVING SPOUSE (Maiden name, if wife) **JOHNNY ANDREWS, JR.**

3. SOCIAL SECURITY NUMBER **10432-68-5312** USUAL OCCUPATION **11a. REGISTERED NURSE, HOSPITAL** KIND OF BUSINESS OR INDUSTRY **12. HOSPITAL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 12** INSIDE CITY? (YES/NO) **13c. YES** COUNTY **2**

4. RESIDENCE (STREET AND NUMBER) **13a. 14837 OAK ST.** ZIP CODE **13b. 60419** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. BLACK** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, P.R., etc.) **14b. NO** SPECIFY: **13d. COOK**

5. FATHER-NAME **GEORGE** MOTHER-NAME **EURA CRAIG** FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (N.A., E.N., I.S.)

6. FATHER'S NAME (TYPE OR PRINT) **JOHNNY ANDREWS, JR.** RELATIONSHIP **17b. HUSBAND** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) **17c. 14837 OAK ST. DOLTON, IL 60419**

7. **18. PART I:** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arr. st. shock, or heart failure. List only one cause on each line.
(a) Cardio pulmonary Failure
(b) Metastatic Carcinoma of Brain and Lung
(c) Pneumonia

8. **19a. AUTOPSY (YES/NO)** **19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH? (YES/NO)** **19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO**

9. **20a. (1) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR)** **20b. (2) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR)** **20c. (3) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR)**

10. **21a. DATE SIGNED (MONTH, DAY, YEAR)** **21b. HOUR OF DEATH** **21c. DATE SIGNED (MONTH, DAY, YEAR)** **21d. HOUR OF DEATH**

11. **22a. Elbert B. Smith M.D. 8012 South Grandon Street Chicago 60617** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

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

13. **24a. BURLIAL, CREMATION, REMOVAL (SPECIFY)** **24b. MT. HOPE CEMETERY** CEMETERY OR CREMATORY-NAME
24c. CHICAGO, IL LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24d. CHICAGO, IL STREET AND NUMBER (R.F.D.) CITY OR TOWN STATE ZIP

14. **25a. GAILING'S CHAPEL INC, 10131 S. HALSTED ST CHICAGO, IL 60628** FUNERAL HOME
25b. GAILING'S CHAPEL INC, 10131 S. HALSTED ST CHICAGO, IL 60628 FUNERAL DIRECTOR'S SIGNATURE
25c. 034-015437 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. MAY 1 - 2007 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

15. **26a. LOCAL REGISTRAR'S SIGNATURE** **26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

16. **26a. LOCAL REGISTRAR'S SIGNATURE** **26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

17. **26a. LOCAL REGISTRAR'S SIGNATURE** **26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

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21. **26a. LOCAL REGISTRAR'S SIGNATURE** **26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

22. **26a. LOCAL REGISTRAR'S SIGNATURE** **26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 1 - 2007

I, **TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO**, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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.

REC'D MAY 08 2007

ORIGINAL



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.