

UNOFFICIAL COPY

DEATH CERTIFICATE



Doc#: 0908955104 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/30/2009 03:52 PM Pg: 1 of 2

Property of Cook County Clerk's Office

This instrument was prepared by and return to:

CHRISTOPHER S. NUDO
216 Higgins Rd.
Park Ridge, IL 60068

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DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 1635
 REGISTERED NUMBER 528

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in Permanent Ink
 See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. COUNTY OF DEATH LOUIS FIRST A. MIDDLE MARTINO LAST SR. SEX 2 MALE DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 6, 1918

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) GOTTLEB. MEMORIAL HOSPITAL

3. AGE-LAST BIRTHDAY (MOS. 5a. 86) UNDER 1 DAY (HOURS 5b.) UNDER 10 DAY (HOURS 5c.) UNDER 1 YEAR (DAYS 5d.) UNDER 10 YEAR (MONTH, DAY, YEAR) DECEMBER 6, 1918

4. BIRTHDAY (MOS. 5a. 86) HOURS 5b. MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 6, 1918

5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) GOTTLEB. MEMORIAL HOSPITAL

6. BIRTHDAY (MOS. 5a. 86) HOURS 5b. MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 6, 1918

6a. MELROSE PARK BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS 6b. GOTTLEB. MEMORIAL HOSPITAL

7. CHICAGO, ILLINOIS 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 8b. LILLIAN C. AUGELLI

8. MARRIED 8a. MARRIED 8b. LILLIAN C. AUGELLI

9. SOCIAL SECURITY NUMBER 10338-24-1925 10. USUAL OCCUPATION FUNERAL DIRECTOR 11. KIND OF BUSINESS OR INDUSTRY FUNERAL

11a. FUNERAL DIRECTOR 11b. FUNERAL

12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12 13. COLLEGE (1-4 OR 5+)

13a. 4655 N. CUMBERLAND AVE. RESIDENCE (STREET AND NUMBER) 13b. NORRIDGE CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13c. YES 13d. COOK COUNTY

14. ILLINOIS 14a. 60706 ZIP CODE 14b. NO 14c. YES 14d. COOK COUNTY

15. PETER FATHER-NAME FIRST MIDDLE LAST 16. ANTONIA MOTHER-NAME FIRST MIDDLE LAST

17. PETER FATHER-NAME FIRST MIDDLE LAST 18. ANTONIA MOTHER-NAME FIRST MIDDLE LAST

19. LILLIAN C. MARTINO 19a. 4655 N. CUMBERLAND AVE. NORRIDGE, ILL. 19b. 60706 ZIP CODE

20. LILLIAN C. MARTINO 20a. 4655 N. CUMBERLAND AVE. NORRIDGE, ILL. 20b. 60706 ZIP CODE

18. PART I. Enter the disease, 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.

1. Immediate Cause (Final disease or condition resulting in death) PNEUMONIA

2. CONGESTIVE HEART FAILURE

3. DIASTOLIC HEART FAILURE

4. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

5. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

6. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

7. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

8. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

9. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

10. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

11. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

12. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

13. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

14. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

15. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

16. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

17. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

18. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

19. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

20. ARRHYTHMIC HEART FAILURE, AGGRAVATED FIBRILLARY

20a. DATE OF OPERATION, IF ANY 2004 MAJOR FINDINGS OF OPERATION NO

21. (I/D) (D) (C) (S) (A) (M) (N) (H) (DAY) (YEAR) 12-6-2004 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 12-6-2004

22. SIGNATURE DR. DRAGAN LYKOVIC (TYPE OR PRINT) 22a. DATE SIGNED (MONTH, DAY, YEAR) 12-9-2004

22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. ILLINOIS LICENSE NUMBER 036-054830

22c. DR. DRAGAN LYKOVIC 675 W. NORTH AVE. MELROSE PARK, IL. 22d. DATE (MONTH, DAY, YEAR) DEC. 11, 2004

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

24. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24a. CEMETERY OR CREMATORY-NAME QUEEN OF HEAVEN 24b. HILLSIDE ILLINOIS 24c. HILLSIDE ILLINOIS 24d. DATE (MONTH, DAY, YEAR) DEC. 11, 2004

25. FUNERAL HOME NAME CUMBERLAND CHAPELS STREET AND NUMBER OR R.F.D. 8300 W. LAWRENCE AVE. CITY OR TOWN NORRIDGE STATE ILLINOIS ZIP 60706

26. FUNERAL DIRECTOR'S SIGNATURE William A. Martino 26a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-008880

27. LOCAL REGISTRAR'S SIGNATURE William A. Martino 27a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DECEMBER 10 2004

28. LOCAL REGISTRAR'S SIGNATURE William A. Martino 28a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DECEMBER 10 2004

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE December 10, 2004 SIGNED William A. Martino REGISTRAR

AT MELROSE PARK, Illinois OFFICIAL TITLE REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.