



STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk JUL 12 2007

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. **16.0**  
REGISTERED NUMBER

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**  
1. DECEASED-NAME: Helen  
2. COUNTY OF DEATH: Cook  
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Burbank

4. AGE-LAST BIRTHDAY (YRS): 95  
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed  
6. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 5715 W. 83rd Street

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL.  
8. SOCIAL SECURITY NUMBER: 325-07-8387  
9. RESIDENCE (STREET AND NUMBER): 5715 West 83rd Street  
10. STATE: Illinois  
11. ZIP CODE: 60459

12. FATHER-NAME: Frank  
13. MOTHER-NAME: Antoinette  
14. RELATIONSHIP: Daughter  
15. FATHER-NAME: Frank  
16. MOTHER-NAME: Antoinette

17. 17a. Gloria Krupa  
17b. Daughter, 5715 W. 83rd St. Burbank, IL. 60459

18. PART I: Immediate Cause (Final disease or condition resulting in death):  
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:  
20. (a) Congestive heart disease.  
(b) Hypertension. Other: fibrillation.  
21. (c) S.A. CONSEQUENCE OF DUE TO: P2 premature ventricular contractions.  
22. (d) P2 premature ventricular contractions.

23. DATE OF OPERATION, IF ANY: 6-28-07  
24. MAJOR FINDINGS OF OPERATION: P2 premature ventricular contractions.  
25. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM WHEN ALIVE ON: 6-28-07  
26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

27. NAME AND ADDRESS OF CERTIFIER: Dr. J. F. Green  
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Dr. J. F. Green

29. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial  
30. CEMETERY OR CREMATORY-NAME: Resurrection  
31. LOCATION: Justice

32. FUNERAL HOME: Lawn Funeral Home  
33. STREET AND NUMBER OR R.F.D.: 7909 State Road  
34. CITY OR TOWN: Burbank  
35. STATE: Illinois  
36. ZIP: 60459

37. LOCAL REGISTRAR'S SIGNATURE: *David Orr*  
38. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUL 12 2007

39. DATE OF DEATH (MONTH, DAY, YEAR): July 9, 2007  
40. DATE OF BIRTH (MONTH, DAY, YEAR): January 26, 1912  
41. SEX: Female  
42. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 8  
43. INSIDE CITY (YES/NO): YES  
44. COUNTY: Cook  
45. HOURS: 5:20 A.M.  
46. DATE SIGNED: 7-9-07  
47. ILLINOIS LICENSE NUMBER: 036042050  
48. ILLINOIS DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS

49. (BASED ON 1989 U.S. STANDARD CERTIFICATE)