



**UNOFFICIAL COPY**

**SKOKIE HEALTH DEPARTMENT  
SKOKIE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0095039

DATE ISSUED 12/30/2010

DECEDENT'S LEGAL NAME MARVIN L ROSE		SEX MALE	DATE OF DEATH DECEMBER 26, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH JUNE 14, 1923		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME SKOKIE HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME EDITH BOBROW	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4901 GOLF ROAD	APT. NO. 311	CITY OR TOWN SKOKIE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60077	FATHER'S NAME RUBEN RESHEFSKY	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSE LUBEK
INFORMANT'S NAME EDITH ROSE		RELATIONSHIP WIFE	MAILING ADDRESS 4901 GOLF ROAD UNIT 311, SKOKIE, IL, 60077	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WALDHEIM JEWISH CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION DECEMBER 29, 2010	
FUNERAL HOME CHICAGO JEWISH FUNERALS, 195 N BUFFALO GROVE ROAD, BUFFALO GROVE, IL, 60089				
FUNERAL DIRECTOR'S NAME PEGGI A LAKE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014479	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR DECEMBER 30, 2010	
<b>CAUSE OF DEATH</b> PART I. CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	24 WEEKS	
		b.	10 YEARS	
		c.		
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			MANNER OF DEATH NATURAL	
TIME OF INJURY			INJURY AT WORK?	
PLACE OF INJURY				
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY.
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 29, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:26 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 29, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL RAYMOND, 9701 KNOX AVENUE SUITE 102, SKOKIE, ILLINOIS, 60076			PHYSICIAN'S LICENSE NUMBER 036067244	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Catherine A. Counard, MD, MPH*  
Catherine A. Counard, M.D., M.P.H.  
Local Registrar/Director of Health  
Skokie, Illinois

