



DISTRICT NO. **18.10** STATE OF ILLINOIS STATE FILE NUMBER **608617**

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
JUN 15 2005

JOHN L. WILHELM 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.

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH DATE OF DEATH (MONTH, DAY, YEAR)

1. COUNTY OF DEATH COOK MIDDLE POWELL 2. FEMALE 3. JUNE 12, 2005

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 06A THE UNIVERSITY OF CHICAGO HOSPITALS

5a. AGE-LAST BIRTHDAY (YEARS) 06A 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR) JUNE 12, 2005

6a. CHICAGO 6b. THE UNIVERSITY OF CHICAGO HOSPITALS 6c. INFANTILE

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) James Powell

8. SOCIAL SECURITY NUMBER 9. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) 10. RESIDENCE (STREET AND NUMBER) 11a. HOME MARKET 12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) 13a. 624 Highland Rd 13b. City, Town, Twp. or Road District No. 13c. INSIDE CITY (YES/NO) 13d. COUNTY Cook

14. FATHER-NAME FIRST MIDDLE LAST 14b. MOTHER-NAME FIRST MIDDLE LAST 15. MOTHER-NAME FIRST MIDDLE LAST

16. MOTHER-NAME FIRST MIDDLE LAST 17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. MAYBLEINE GIGGERS 17b. HOSPITALS 17c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. (a) ACUTE HEMORRHAGE (b) FUNGEMIA (c) END STAGE RENAL DISEASE

19. CAUSE OF OPERATION, IF ANY 20a. HEMORRHAGE OF CHEST; INFECTED PACEMAKER 20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) 21a. JAMES CURRAN, MD / MARTIN BURKE, D.O. 21b. DATE SIGNED (MONTH, DAY, YEAR) JUNE 13, 2005

22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. MARTIN BURKE, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637 22b. ILLINOIS LICENSE NUMBER 22d. 036-083340

23. NAME OF ATENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) 23a. JAMES CURRAN, MD / MARTIN BURKE, D.O. 23b. ILLINOIS LICENSE NUMBER 23d. 036-083340

24. FUNERAL HOME 24a. NAME 24b. STREET AND NUMBER OR R.F.D. 24c. CITY OR TOWN 24d. STATE 24e. ZIP

25a. FUNERAL DIRECTOR'S SIGNATURE 25b. NAME 25c. CITY OR TOWN 25d. STATE 25e. ZIP

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



John L. Wilhelm, M.D.  
LOCAL REGISTRAR

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.