

STATE OF ILLINOIS
 STATE FILE NUMBER
 610760

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. **16.10**
 REGISTERED NUMBER

DECEASED NAME: **Nancy Garcia** FIRST MIDDLE LAST

1. COUNTY OF DEATH: **Cook** AGE - LAST BIRTHDAY (YRS) **52** UNDER 1 YEAR MOS 2 UNDER 1 DAY HOURS 2 DATE OF BIRTH (MONTH DAY YEAR) **February 9, 1949**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) **3552 W. Lemoyne** IF POST OR RST INDICATE D.O.A. OF EMER. AND INPATIENT (SPECIFY) **Hospice**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Mexico** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Married** NAME OF SURVIVING SPOUSE (MARRIAGE IF WIFE) **17c. Husband 17c. 3552 W. Lemoyne Chicago, IL 60651**

7. SOCIAL SECURITY NUMBER: **11a. Homemaker** KIND OF BUSINESS OR INDUSTRY **11b. Home** EDUCATION (SPECIFY ONLY THIRDS GRADE COMPLETED) **12. Emergent Secondary (0-12)** **13c. Yes** INSIDE CITY (YES/NO) **13d. Cook** COUNTY **Cook**

9. RESIDENCE (SHEET AND NUMBER) **13a. 3552 W. Lemoyne** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Chicago** MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE ZIP) **16. Isaura Roman**

10. FATHER-NAME **J. Santos** FLORES RELATIONSHIP **17b. Husband 17c. 3552 W. Lemoyne Chicago, IL 60651**

11. INFORMANT NAME (TYPE OR PRINT) **Jesus M. Garcia** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **Leukemia**

12. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Leukemia**

13. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

14. DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

15. (1) DID (2) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **20a.** WAS CORONER OR MEDICAL EXAMINER (SPECIFY YES/NO) **21b.** HOURS OF DEATH **9:06 A M.**

16. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND F. O. E. AND DUE TO THE CAUSE(S) STATED **21c.** DATE SIGNED (MONTH DAY YEAR) **7/9/01**

22a. SIGNATURE **Michael Gomez** ILLINOIS LICENSE NUMBER **22b.** **719101**

22c. M. Henschke No 8332 Chicago Chgo, IL 60622 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) **22d.** **036-075838**

23. BURIAL CREATION, REMOVAL (SPECIFY) **24b.** Mt. Auburn Memorial **24c.** Stickney, IL **24d.** July 12, 2001

24a. Burial **24b.** Mt. Auburn Memorial **24c.** Stickney, IL **24d.** July 12, 2001

25a. Alvarez Funeral Directors PC, 2500 N. Cicero Avenue, Chicago, IL 60639 FUNERAL DIRECTOR'S SIGNATURE NUMBER

25b. Susan Alvarez LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) **JUL 10 2001**

25c. 034-011737

25d. **JUL 10 2001**

25e. **JUL 10 2001**

JUL 10 2001

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

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 OBLIVANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

Legal Description

File # : 1311233
Borrower Name: Carlos Rivera
Address: 3552 W. LeMoyn
Chicago, IL 60651

Pin # : 16-02-204-027-0000

Legal Description:

LOT 27 IN BLOCK 3 IN VAN SCHAACK AND HERRICK'S SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office