



UNOFFICIAL COPY

EVANSTON, ILLINOIS
EVANSTON HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.023
LOCAL FILE NUMBER
STATE FILE NUMBER
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Jerome Holtzman
2. SEX Male
3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 19, 2008
4. COUNTY OF DEATH Cook
5a. AGE AT LAST BIRTHDAY (Years) 82
5b. UNDER 1 YEAR Months
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month/Day/Year) July 12, 1926
7a. CITY OR TOWN Evanston
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Evanston Hospital
7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL:
 Inpatient
 Emergency Room/Outpatient
 Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
 Hospice facility
 Nursing Home/Long-term care facility
 Decedent's home
 Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL
9. SOCIAL SECURITY NUMBER 357-14-2221
10. MARITAL STATUS AT TIME OF DEATH
 Married
 Married but separated
 Widowed
 Divorced
 Never Married
 Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Marilyn Ryan
12. EVER IN U.S. ARMED FORCES?
 Yes
 No
13a. RESIDENCE (Street and Number) 1225 Forest Ave
13b. APT. NO.
13c. CITY OR TOWN Evanston
13d. INSIDE CITY LIMITS?
 Yes
 No
13e. COUNTY Cook
13f. STATE IL
13g. ZIP CODE 60202
14. FATHER'S NAME (First, Middle, Last) Sam Holtzman
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Dorothy Sloan
16a. INFORMANT'S NAME Marilyn Holtzman
16b. RELATIONSHIP Wife
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1225 Forest Ave Evanston IL 60202
17. METHOD OF DISPOSITION:
 Burial
 Cremation
 Donation
 Entombment
 Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Rosehill Cemetery
19. LOCATION - CITY, TOWN AND STATE Chicago, IL
20. DATE OF DISPOSITION (Month/Day/Year) July 22, 2008
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP
N H Scott & Harkamp 1240 Waukegan Rd Glenview IL 60025
21b. FUNERAL DIRECTOR'S SIGNATURE Matthew Wein
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015384
22. LOCAL REGISTRAR'S SIGNATURE Evonda Thomas
22b. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JULY 22, 2008

Division of Vital Records (Based on the 2003 U.S. Standard Certificate)

APR 25 2014

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.

Evonda Thomas

Evonda Thomas, Local Registrar
Department of Health
Evanston, Illinois

