

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
600965

REGISTRATION DISTRICT NO. **16-10**

DECEASED-NAME
FIRST: **Erma** MIDDLE: **Jean** LAST: **Winters**

1. COUNTY OF DEATH (MONTH, DAY, YEAR) **January 29, 2007**

4. Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**

6a. Chicago BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL**

7. Chicago, IL SOCIAL SECURITY NUMBER

10. RESIDENTIAL (STREET AND NUMBER) **5241 W. Jackson Blvd**

13a. 5241 W. Jackson Blvd ZIP CODE **60644**

13e. Illinois FATHER-NAME FIRST MIDDLE LAST **John Smith**

15. INFORMANT'S NAME (TYPE OR PRINT) **Jackie Smith**

17a. Relationship **Sister**

17c. Mailing Address **1751 E. Huron Chicago, IL 60605**

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

(a) Immediate Cause (Final disease or condition resulting in death) **Intracerebral brain hemorrhage**

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

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

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **Jan 27, 2007**

21a. NAME AND ADDRESS OF CERTIFIER **Peter Lee MD 251 E. Horn Coyo 60611**

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

24a. Burial FUNERAL HOME **Oakridge**

24b. CEMETERY OR CREMATORY-NAME **Hillside, IL**

24c. LOCATION CITY OR TOWN STATE

24d. STREET AND NUMBER OR R.F.D. **2020 Roosevelt Rd Broadview, IL 60155**

25a. Wallace Broadview Funeral Home 2020 Roosevelt Rd Broadview, IL 60155 FUNERAL DIRECTOR'S SIGNATURE

25b. LOCAL REGISTRAR'S SIGNATURE **Cory Massey MD**

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-9351**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JAN 24 2007**

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Division of Vital Records

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 24 2007

I, **PETER MASON M.D.**, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.