

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0001789 DATE ISSUED 1/11/2018

DECEDENT'S LEGAL NAME JESSIE MARTINO		SEX FEMALE	DATE OF DEATH JANUARY 09, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 95 YEARS	DATE OF BIRTH DECEMBER 10, 1922		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 8367	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1310 W ERIE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60642	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARLO MARTINO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DINGILLO
INFORMANT'S NAME ELIZABETH GARCIA	RELATIONSHIP FRIEND	MAILING ADDRESS 1317 W ERIE, CHICAGO, IL, 60642		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT CARMEL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JANUARY 13, 2018	
FUNERAL HOME SALERNO'S GALEWOOD CHAPELS, 1857 FULLERTON AVENUE, CHICAGO, IL, 60707				
FUNERAL DIRECTOR'S NAME JOSEPH G. SALERNO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010202	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 10, 2018	
CAUSE OF DEATH PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. ACUTE HYPOXEMIA RESPIRATORY FAILURE				
b. INFLUENZA B				
c.				
PART II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
OBSTRUCTIVE SLEEP APNEA PLURAL EFFUSION			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:34 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 10, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR NEHA KRAMER, 710 S. PAULINA STREET, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036-138094	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0205486

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.

David Orr
 David Orr
 Cook County Clerk

