

UNOFFICIAL COPY

EXHIBIT "A"

DEATH CERTIFICATE

[SEE ATTACHED]

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2019 066823

DATE ISSUED 8/30/2019

DECEDENT'S LEGAL NAME KARL DANIEL STREIFF JR		SEX MALE	DATE OF DEATH AUGUST 21, 2019
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH JUNE 17, 1945	
CITY OR TOWN WINNETKA	HOSPITAL OR OTHER INSTITUTION NAME 1412 EDGEWOOD LANE		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE FLINT, MI	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1412 EDGEWOOD JLN NE		APT. NO.	CITY OR TOWN WINNETKA
COUNTY COOK	ZIP CODE 60093	FATHER'S (MOTHER'S) NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KARL DANIEL STREIFF SR	MOTHER'S (MOTHER'S) NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LISBETH ANN WOLCOTT
INFORMANT'S NAME NANCY SUE STREIFF	RELATIONSHIP WIFE	MARRIAGE ADDRESS 1412 EDGEWOOD LANE, WINNETKA, IL, 60093	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION AUGUST 27, 2019
FUNERAL HOME W.M. H. SCOTT FUNERAL HOME, 1100 GREENLEAF AVENUE, WILMETTE, IL, 60091			
FUNERAL DIRECTOR'S NAME MELVIN R. LIDEN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011433	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH		DATE FILED WITH LOCAL REGISTRAR AUGUST 23, 2019	
CAUSE OF DEATH - PART I: CORONARY ARTERY DISEASE			
IMMEDIATE CAUSE Final disease or condition		10 YEARS	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
EDUCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF TRANS-PORTATION INJURY SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 15, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED 08:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 21, 2019
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TOM STERN, 525 WINNETKA AVE, WINNETKA, ILLINOIS, 60093			PHYSICIAN'S LICENSE NUMBER 036-066839

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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