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DEPT-01 RECORDING  
740000 TRAN 4123 05/31/89 10:16:00  
69739 & C \* - 27 - 409097  
COOK COUNTY RECORDER

89-409097

1325

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.0F

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR) 1 Dominick Sabatello 2 Male 3 July 10, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR) 4 Cook 5a. 81 5b. 5c. 5d JULY 6, 1908

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE DOOR OF EMER RM INPATIENT (SPECIFY) 6a. Oak Lawn 6b. Christ Hospital & Medical Center 6c. Inpatient

A DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) CHICAGO, ILLINOIS 8a. MARRIED 8b. CONCETTA PERSICO 9 NO

B

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY GRADE, HIGHEST GRADE COMPLETED) 10 340-09-8163A 11 CLERK 11b. CHGO. WATER DEPT. 12. 12 0

C

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a 5438 S. NATCHEZ 13b CHICAGO 13c YES 13d COOK

D

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13e ILLINOIS 13f 60638 14a. WHITE 14b. X NO YES SPECIFY

E

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST 15. PHILLIP SABATELLO 16. MARY GALLO

1

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17a. CONCETTA SABATELLO 17b. WIFE 17c. 5438 S. NATCHEZ CHGO., ILL. 60638

2

18. PART I. Enter the disease, its etiology, 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. APPROXIMATE INTERVAL OF TIME (HOURS AND MINUTES)

3

Immediate Cause (Final disease or condition resulting in death) (a) ACUTE CORONARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY ARTERY DISEASE CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)

CAUSE

4

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) CARDIOGENIC SHOCK, RESPIRATORY FAILURE 19a. No 19b.

5

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 20b. 20c. YES NO

N

P

H(D) (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. 7/10/89 21b. NO 21c. 11:18 P.M.

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH DAY YEAR) 22a. SIGNATURE R. Weis 22b. 7/11/89

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. 4728 W. 103RD ST. OAK LAWN, ILL 60453 22d. 036-070965

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED 23.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR) 24a. BURIAL 24b. ST. MARY 24c. EVERGREEN PARK, ILLINOIS 24d. JULY 15, 1989

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. RIDGE FUNERAL HOME 6620 W. ARCHER AVE. CHICAGO, ILLINOIS 60632

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. Kenneth J. P... 25c. 7134

LOCAL REGISTRAR'S SIGNATURE (NAME L. SCOTT, M.D.) DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26a. REGISTRAR Elaine M. Ronovsky 26b. JUL 12 1989

VR200 (Rev. 1-89) Illinois Department of Public Health - Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named at Item 1 and that this record was established and filed with the local Registrar of Registrations District No. 16.0F in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE: JUL 12 1989 SIGNED Elaine M. Ronovsky AT LA GRANGE, ILLINOIS OFFICIAL TITLE: SUB REGISTRAR

89409097

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