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#002 # H \*--90--697612  
COOK COUNTY RECORDER

DISTRICT NO 11039  
REGISTERED NUMBER 1501

STATE OF ILLINOIS  
**UNOFFICIAL COPY**  
MEDICAL CERTIFICATE OF DEATH 2

STATE FILE NUMBER

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 **LILLY P. JACOBSON** 2 **FEMALE** 3 **NOVEMBER 10, 1990**

COUNTY OF DEATH AGE LAST BIRTHDAY (YR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)

4 **COOK** 5a **56** 5b **56** 5c **56** 5d **NOVEMBER 1, 1934**

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 DOA OF FEMER OR INPATIENT (SPECIFY)

6a **EVANSTON** 6b **EVANSTON HOSPITAL** 6c **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MA OR FN NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMY OR FORCES? (YES/NO)

7 **ROANOKE, VA.** 8a **MARRIED** 8b **JOHN A. JACOBSON** 9 **NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY HIGH SCHOOL GRADUATE) (Elementary Secondary (1-12) (College) (See 11))

10 **231-36-0748** 11a **REGISTRAR** 11b **HIGH SCHOOL** 12 **12**

RESIDENCE (STREET AND NUMBER) CITY TOWN TWP OR ROAD DISTRICT NO INSIDE CITY COUNTY

13a **1946 THORNWOOD AVENUE** 13b **WILMETTE** 13c **YES** 13d **COOK**

STATE ZIP CODE RACE (WHITE BLACK AMERICAN INDIAN OR ISLET) OF HISPANIC ORIGIN? (SPECIFY AND WRITE IF YES SPECIFY CUBAN MEXICAN PORTUGUESE OR OTHER)

13e **ILLINOIS** 13f **60091** 14a **WHITE** 14b **XXNO** YES SPECIFY

A DECEASED  
B  
C  
D  
E

PARENTS

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MA, DEN, LAST)

15 **SYLVESTER PRITCHARD** 16 **JOSEPHINE FRANCIS**

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)

17a **JOHN A. JACOBSON** 17b **HUSBAND** 17c **1946 THORNWOOD AVE. WILMETTE, IL 60091**

1  
2  
3  
4  
5  
N  
P

PART I (List the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or primary heart failure. List only one cause on each line.)

Immediate Cause (Final disease or condition resulting in death) (a) **METASTATIC BREAST CANCER**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) **DUE TO OR AS A CONSEQUENCE OF**

(c) **DUE TO OR AS A CONSEQUENCE OF**

16 YEARS

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

19a **NO** 19b **NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a **NO** 20b **NO**

IF FEMALE WAS THE PA & PPH (MARK Y OR N) THREE MONTHS? 20c **YES**  **NO**

4  
5  
N  
P

WHO (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (Y/N) (X) (Y) (N) (X)

21a **NO** 21b **NO** 21c **9:55 A.M.**

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

21d **NOVEMBER 10, 1990** 21e **NO** 21f **9:55 A.M.**

22a SIGNATURE *David J. Lerner* 22b **NOVEMBER 11, 1990**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c **DAVID J. LERNER M.D., 3633 WEST LAKE AVE. GLENVIEW, IL 60025** 22d **36-55047**

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

4  
5  
N  
P

23 NOTE IF AN INQUIRY WAS MADE WITHIN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

DISPOSITION

BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)

24a **CREMATION** 24b **MEMORIAL PARK** 24c **SKOKIE, ILLINOIS** 24d **NOV. 12, 1990**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

25a **DONNELLAN FITZGERALD FRANKS IN 10045 SKOKIE BLVD. SKOKIE, ILLINOIS 60077**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b *Edward J. Donnellan* 25c **1970**

LOCAL REGISTRAR'S SIGNATURE (DATE FROM LOCAL REGISTRATION) (MONTH DAY YEAR)

26a *C. Linn Brown* 26b **NOV 12, 1990**

DISPOSITION

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 in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE November 12, 1990 SIGNED C. Linn Brown

AT Evanston, Illinois OFFICIAL TITLE Local Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.