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Property of Cook County Clerk's Office

Mr. Commissioner
State's Public Health
Loren P. Acosta
1001 N. Dearborn St.
Chicago, IL 60610

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.23	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 1168	MEDICAL CERTIFICATE OF DEATH		
Type of Print in Permanent Ink <small>See Funeral Directors, Hospital, or Physicians Handbook for Instructions</small>	DECEASED-NAME FIRST: Donna MIDDLE: Ehrler LAST: Ryan		SEX 2 Female	DATE OF DEATH August 30, 1991
	CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 4 Cook		AGE-LAST BIRTHDAY (YRS) 5a 43	DATE OF BIRTH (MONTH, DAY, YEAR) 5c January 12, 1948
A	6a Evanston		6b Evanston Hospital	
	6c Emer. Room			
DECEASED	BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a Hazel Green, WI		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b G. Richard Ryan	
	8a Married		9 NO	
B	10 353-44-4438		11a Chorographer	
	11b Dance		12 2	
C	13a 611 Milburn Street		13b Evanston	
	13c Yes		13d Cook	
D	13e Illinois		13f 60201	
	14a White		14b NO	
E	FATHER-NAME 15 Martin Ehrler		MOTHER-NAME 16 Eunice Monahan	
	17a G. Richard Ryan		17b Husband	
CAUSE	18 PART I Enter immediate cause, 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 BETWEEN ONSET AND DEATH
	(a) Hypotension (Hypotension) DUE TO OR AS A CONSEQUENCE OF (b) Arrhythmia (Arrhythmia) DUE TO OR AS A CONSEQUENCE OF (c)			2 hours
DISPOSITION	19a Congenital 3 Degree AV Block			19b Yes
	20a			20b NO
CERTIFIER	21a 8:30 91		21b NO	
	21c 12:50 P M		21d 8:30 91	
DISPOSITION	22a Phoenix Crematory		22b Lombard, Illinois	
	22c 9-3-91		22d 036-014835	
DISPOSITION	23a Wm. H. Scott Funeral Home		23b 1460 Sherman Avenue Evanston, Illinois 60201	
	23c Marc A. Pierotti		23d 34-14379	
DISPOSITION	24a		24b September 3, 1991	
	24c		24d	

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 September 3, 1991 SIGNED C. Kevin 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.

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Mail To:

LAURA S. ADDELSON & ASSOC., P.C.
500 DAVIS CENTER - SUITE 701
EVANSTON, IL 60201