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Property of Cook County Clerk's Office

LOT 9 IN BLOCK 12 IN WILLIAM A. BOND AND COMPANY'S ARCHER HOME
ADDITION, BEING A RESUBDIVISION OF BLOCKS 1 TO 16 INCLUSIVE IN WILLIAM
A. BOND'S SUBDIVISION OF THE EAST HALF OF THE NORTHEAST QUARTER OF
SECTION 10, TOWN 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL
MERIDIAN, ALL IN COOK COUNTY, ILLINOIS.

64118856

Permanent Tax Index No: 19-10-220-029-0000

COOK COUNTY RECORDS

#7139 # 4P 1* 54-881179
1#0013 TRAN 9775 10/13/94 14:56:00

DEPT-11 429.50

STATE FILE NUMBER 618879

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

September 15, 1982
STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO }

Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE ARE
Affixed.

44331179

DECEASED NAME EDWARD W. WEAVER		SEX 2 MALE		DATE OF DEATH 3 SEPTEMBER 14, 1982	
FIRST MIDDLE LAST EDWARD W. WEAVER		DATE OF BIRTH 6 AUG. 4, 1910		COUNTY OF DEATH Cook	
CITY, TOWN, TRIP OR FOREIGN PORT OF BIRTH Chicago		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER CITIES STREET AND NUMBER		76. D.O.A.	
CITIZENSHIP U.S.A.		MARRIAGE 10 MARRIED		NAME OF SURVIVING SPOUSE (MARRIAGE MUST BE SPECIFIED)	
SOCIAL SECURITY NUMBER 339-09-1231		KIND OF BUSINESS OR INDUSTRY 13b. NASHUA INC.		U.S. WAR VETERAN 13c. YES	
RESIDENCE STREET AND NUMBER 4924 S. KEDVALE AV		CITY, TOWN, TRIP OR FOREIGN DISTRICT NO. CHICAGO		STATE 11c. ILL.	
FATHER NAME ANDREW WIEWIORKIEWICZ		MOTHER - MAIDEN NAME FRANCES WISNIEWSKI		14d. COOK	
INFORMANT'S SIGNATURE Lillian Weaver		RELATIONSHIP 17b. Mother		Mailing Address (Street and No. or P.O. City or Town, State Zip) 17a. 924 S. Kedvale Ave Chicago, IL 60606	
DEATH WAS CAUSED BY (a) Metastatic esophagus Cancer 10 mos (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF		18. DEATH CAUSED BY (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c))		19. DATE, TIME, PLACE, AND MANNER OF DEATH 20. DATE OF OPERATION IF ANY 21. MAJOR FINDINGS OF OPERATION	
PART II. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE WHEN IN PART (a)		DATE OF OPERATION IF ANY 20. 9/14/82		MAJOR FINDINGS OF OPERATION 21. 9/14/82	
22. SIGNATURE AND ADDRESS OF CERTIFIER J. Showel M.D. 1725 W. Harrison St. Chicago, IL 60612		DATE SIGNED 9/14/82		ILLINOIS LICENSE NUMBER 22c. 36-40765	
23. BIRTHAL CREATION 24. burial		CITY OR TOWN Justice, IL.		DATE 24d. 9-17-1982	
25a. SZYKOWNY FUNERAL HOME LTD 4901 S. Ancker Ave Chicago, IL. 60632		STREET AND NUMBER OR P.O.		CITY OR TOWN	
25b. Signature of Local Registrar		25c. Signature of Certifier		25d. Signature of Registrar	
25e. Signature of Registrar		25f. Signature of Registrar		25g. Signature of Registrar	
25h. Signature of Registrar		25i. Signature of Registrar		25j. Signature of Registrar	

CHICAGO DEPT. OF HEALTH
RICHARD J. DALEY CENTER, ROOM 111
CONGRESS LEVEL CHICAGO 60601

DATE REC'D BY LOCAL REGISTRAR - MONTH DAY YEAR
SEP 15 1982

MADE ON 1974-3-15 CHICAGO COUNTY, ILL.

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