


UNOFFICIAL COPY

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Subscribed and sworn to before me by the said GLADYS A. BLOCKER on July 23, 1999.



Notary Public

This instrument was prepared by and MAIL TO:
STEPHEN SUTERA, Attorney
4927 West 95th Street
Oak Lawn, Illinois 60453
(708)857-7255

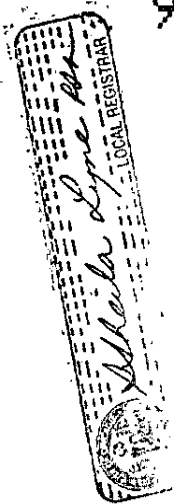


Property of Cook County Clerk's Office

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 13 1998

1. PHILLYNE, RSM, 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 FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

616303

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME: WILLIAM ELOCKER SR. MIDDLE LAST HOOKER JR. 2 MALE SEX DATE OF DEATH: 3. OCTOBER 8, 1998

CITY OF DEATH: CHICAGO COUNTY OF DEATH: COOK DATE OF BIRTH: 5d. FEBRUARY 7, 1920

HOSPITAL OR OTHER INSTITUTION-NAME: MICHAEL REESE HOSPITAL

6a. CHICAGO 6b. MICHAEL REESE HOSPITAL

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): JACKSON, MS. 6a. MARRIED 6b. GLADYS HOCKETT

SOCIAL SECURITY NUMBER: 10. 334-09-1813 11a. BUTCHER 11b. MEAT INDUSTRY

RESIDENCE (STREET AND NUMBER): 13a. 7752 S. JEFFERY BLVD 13b. CHICAGO 13c. YES

STATE: ILLINOIS 13d. COOK

FATHER-NAME: WILLIAM ELOCKER SR. MIDDLE LAST BEATRICE SMITH

INFORMANT'S NAME (TYPE OR PRINT): 17a. GLADYS BLOCKER 17b. WIFE 17c. 7752 S. JEFFERY BLVD CHICAGO, IL

18. PART I. Immediate Cause (Final disease or condition resulting in death): (a) VASCULAR RUPTURE (b) THROAT CANCER (c) DUE TO, OR AS A CONSEQUENCE OF

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

20a. MAJOR FINDINGS OF OPERATION: 20b. AUTOPSY (YES/NO) 19a. NO 19b. YES

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

20d. HOUR OF DEATH: 21c. 3:50 P.M. DATE SIGNED: 22b. OCT. 9, 1998

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: DR. BENJAMIN GRUBER 22c. ILLINOIS LICENSE NUMBER: 036-067590

22b. DR. BENJAMIN GRUBER 2929 S. ELLIS AVE CHGO, ILL. 60616

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL 24b. OAK WOODS 24c. CHICAGO, ILLINOIS

24a. CEMETERY OR CREMATORY-NAME: 24c. CHICAGO, ILLINOIS

FUNERAL HOME: CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD. CHICAGO, ILLINOIS 60649

25a. CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD. CHICAGO, ILLINOIS 60649

25b. FUNERAL DIRECTOR'S SIGNATURE: [Signature]

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012209

26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 13 1998