

# UNOFFICIAL COPY

## Certified Copy of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS		STATE FILE NUMBER II	
	REGISTERED NUMBER <b>247</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors Handbook for INSTRUCTIONS  A DECEASED  B  C  D  E  PARENTS  1  2  3  CAUSE  4  5  6  CURTINER  22a  22c  23  24a  25a  25b  28a	DECEASED NAME 1. <b>ROBERT P. POMPER</b>		SEX 2. <b>MALE</b>	DATE OF DEATH 3. <b>FEBRUARY 15, 1990</b>	
	COUNTY OF DEATH 4. <b>COOK</b>		AGE LAST BIRTHDAY (Y/M/D) 5a. <b>62</b>	UNDEFL YEAR (M/D) 5b. <b>NOVEMBER 27, 1927</b>	UNDEFL DAY (M/D) 5c. <b>NOVEMBER 27, 1927</b>
	CITY, TOWN, TWO OR FOUR DISTRICT NUMBER 6a. <b>PROVISO TOWNSHIP</b>		HOSPITAL OR INSTITUTION NAME OF DECEASED (IF APPLICABLE) 7. <b>VETERANS ADM. HINES, IL 60141</b>		PLACE OF DEATH 8. <b>INPATIENT</b>
	BIRTHPLACE (CITY AND STATE OR COUNTRY) 9. <b>CHICAGO, IL</b>		MARRIAGE (MARRIED, WIDOWED, DIVORCED) 9a. <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (MARRIAGE) 9b. <b>ELAINE R. Goedert</b>	
	SOCIAL SECURITY NUMBER 10. <b>361-12-4966</b>		USUAL OCCUPATION (S-I-E) 11a. <b>MECHANIC</b>		KIND OF BUSINESS OR INDUSTRY 11b. <b>Service Station</b>
	RESIDENCE (CITY AND DISTRICT) 12a. <b>3240 W. 108 STREET</b>		CITY, TOWN, OR ROAD DISTRICT NO. 12b. <b>CHICAGO</b>		RESIDENCE CITY 12c. <b>YES</b>
	STATE 13a. <b>ILLINOIS</b>		ZIP CODE 13b. <b>60655</b>	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 14a. <b>WHITE</b>	OF HISPANIC ORIGIN? (YES OR NO) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY.
	FATHER'S NAME 15. <b>Paul Pomper</b>		MOTHER'S NAME 16. <b>Anna Berkovits</b>		
	INFORMANT NAME (TYPE AND PHONE) 17a. <b>GLORIA JONES, DETAILS CLERK</b>		HOSPITAL RECORDS MAIL ADDRESS 17b. <b>HOSPITAL RECORDS VETERANS ADM. HINES, IL 60141</b>		
	PART I. Immediate Cause (Final phase of condition resulting in death) 18. <b>CHRONIC RENAL FAILURE, DUE TO, OR AS A CONSEQUENCE OF</b>		APPROPRIATE ICD-9 CODE (SEE INSTRUCTIONS) <b>UNKNOWN</b>		
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) <b>DIABETES, DUE TO, OR AS A CONSEQUENCE OF</b>					
PART II. (Other significant conditions contributing to death but not resulting in the underlying cause) (a) <b>UNKNOWN</b>					
DATE OF OPERATION, IF ANY 20a.		MAJOR OPERATION 20b.		AUTOPSY (YES OR NO) 10a. <b>YES</b> 10b.	
WAS DECEASED AT THE DEATH EXAMINED BY A PHYSICIAN? 21a. <b>NO</b>		WAS DECEASED AT THE DEATH EXAMINED BY A NURSE? 21b. <b>NO</b>		INDUCT OF DEATH 21c. <b>8:45 AM</b>	
SIGNATURE AND ADDRESS OF PHYSICIAN 22a. <b>TADROS M.D., VETERANS ADM. HINES, IL 60141</b>		DATE SIGNED 22b. <b>FEBRUARY 16, 1990</b>		ILLINOIS LICENSE NUMBER 22c. <b>125024565</b>	
NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) 23. <b>Richard J. Bellis, M.D., #125024565</b>		NOTES OF INJURY INVOLVED IN THIS DEATH (IF OTHER THAN MEDICAL EXAMINER USE "NO") 24. <b>NO</b>			
FUNERAL HOME 25a. <b>Reverly Ridge Funeral Home 10415 S. Kodzie Ave. Chicago, Illinois 60655</b>		LOCATION 25b. <b>Evergreen Park, Illinois</b>		DATE 25c. <b>Feb. 19, 1990</b>	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>		LOCAL HEALTH OFFICER'S SIGNATURE 28a. <b>Richard J. Bellis</b>		DATE OF LOCAL HEALTH OFFICER'S SIGNATURE 28b. <b>February 16, 1990</b>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on 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 **FEB 16 1990** SIGNED *[Signature]*

AT **Broadview, 60153 Illinois** OFFICIAL TITLE **Local Registrar of Vital Statistics**

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 of the facts therein stated.

Ch

MARITAL STATUS AFFIDAVIT

STATE OF ILLINOIS )
) SS
COUNTY OF COOK )

3901932

Elaine R. Pomper, being sworn on oath states that
at the time he took title to the property described in Certificate of Title

# 1322625, s he was married to ROBERT P. POMPER
(give marital status)

Subsequent to that time (use applicable paragraph (s):

(a) he was married to in
the City of, State of, on
19.

(b) the marriage was terminated by a judgment order in Case #
in the Court of County, State of
on 19, and affiant's
marital status has not changed since that date.

(c) that the marriage was terminated by the death of Robert P. Pomper
which occurred in the County of Cook
and affiant's marital status has not changed since that date. (Attach death ctf.)

(d) that after termination of the marriage as set forth in paragraph above,
he was married again, and that marriage being to
in the City of, State of
on 19.

The legal description of the property described in Certificate of Title #
1322625 is as follows:

LOT THIRTY FIVE (35) AND THE SOUTH TEN (10) FEET OF LOT THIRTY
SIX (36) IN SHEEN BROTHERS SUBDIVISION OF BLOCKS NINE (9) AND
SIXTEEN (16) IN GEORGE W. HILL'S SUBDIVISION OF THE SOUTH HALF
(1/2) OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF
SECTION 14, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#24-14-317-07810
11017 S. MILLARD AVENUE
CHICAGO, ILLINOIS

3901932

Affiant further states that he makes this affidavit to induce the Registrar
of Titles, Cook County, Illinois, to issue h Certificate of Title free and
clear of all objections regarding marital status.

Elaine R. Pomper

Subscribed and sworn to before me
this 1st day of August
A.D. 1990

John A. Kukankos
Notary Public
OFFICIAL SEAL
JOHN A. KUKANKOS
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES OCT. 15, 1991

Commission expires

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Property of Cook County Clerk's Office

*3/31/05*  
*[Signature]*  
JOSRENS

3901932

AUG 19 11 00  
CAROL JOSEPH, CLERK  
REGISTRAR OF TOLLS

IDENTIFIED No.
203 STATE OF ILLINOIS LIBRARY CAROL MORTIMER BRANN MAY 1994 LIBRARY

3901932

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LIBERTY TITLE INS. CO.  
725 N. BIRCH GROVE RD.  
CHAMPAIGN, IL 61820  
312-557-7272

# 90003460