REGISTRATION DISTRICT NO.

REGISTERED NUMBER 16.10

STATE OF ILLINOIS

STATE FILE NUMBER 621028

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Harriet / Hannig	Female	July 14, 1970

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	5a. AGE—LAST BIRTHDAY (YRS.)	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. PLACE OF DEATH COUNTY
White	79	— / —	— / —	March 21, 1891	Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	7c. INSIDE CITY (YES/NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Chicago	Yes	Northwest Hospital

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
New York, New York USA		Widowed	None

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION	13b. KIND OF BUSINESS OR INDUSTRY	13c. U.S. WAR VETERAN (YES/NO)	13d. WAR OR DATES OF SERVICE
329-24-6939	Housewife	Own Home	No	None

14a. RESIDENCE STATE	14b. COUNTY	14c. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	14d. INSIDE CITY (YES/NO)	14e. STREET AND NUMBER
Illinois	Cook	Chicago	Yes	4477 Elston Avenue No.

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
Louis Simon	Jeannette Hart

17a. INFORMANT'S SIGNATURE	17b.	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE)
Karen Gerali	Medical Records	5645 Addison, Chicago, Illinois 60634

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Acute Myocardial Infarction	12 hrs
DUE TO OR AS A CONSEQUENCE OF:	(b) Arteriosclerotic Heart Disease	Un Known
DUE TO OR AS A CONSEQUENCE OF:	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES/NO)	19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
NO	

20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	21b. TO (MONTH, DAY, YEAR)	21c. AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)	21d. HOUR OF DEATH
Aug. 24, 1969	July 14, 1970	July 14, 1970	6:10 A. M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

22a. SIGNATURE	22b. DATE SIGNED (MONTH, DAY, YEAR)	22c. ILLINOIS LICENSE NUMBER
Dr. Rosanova / A. R. Rosanova M.D.	July 14, 1970	23806

23. MAILING ADDRESS—CERTIFIER (STREET AND NUMBER OR R. F. D. / CITY OR TOWN / STATE / ZIP)
1629 North Central Chicago Illinois 60639

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION CITY OR TOWN / STATE	24d. DATE (MONTH, DAY, YEAR)
Burial	Woodlawn Cemetery	Forest Park, Illinois	July 17, 1970

25a. FUNERAL HOME NAME / STREET AND NUMBER OR R. F. D. / CITY OR TOWN / STATE / ZIP	25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
Barron-Hall Funeral Home Inc. 4332 Elston Avenue Chicago, Illinois 60641	Roger G. Hall	5418

26a. LOCAL REGISTRAR'S SIGNATURE	CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 60602	26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Lonnie C. Brown		JUL 14 1970

VR-2 (10)—1968 ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS (BASED ON 1968 U.S. STANDARD CERTIFICATE)

August 3, 1984

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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.

L.C. Edwards M.D. M.P.A.
LOCAL REGISTRAR

DEPARTMENT OF HEALTH - CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED