

**CERTIFICATION OF VITAL RECORD**

**KANE COUNTY, ILLINOIS**

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **45.01**  
REGISTERED NUMBER

Type or Print in PERMANENT INK  
Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

**DECEASED**

1. **DECEASED - NAME** FIRST MIDDLE LAST: **Sylvia M. Grayson** 2. **SEX**: **Female** 3. **DATE OF DEATH - (MONTH, DAY, YEAR)**: **September 27, 1988**

4a. **RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)**: **White** 4b. **ORIGIN OR DESCENT**: **American** 5a. **AGE - LAST BIRTHDAY (YRS)**: **83** 5b. **UNDER 1 YEAR** (MOS. DAYS) 5c. **UNDER 1 day** (HOURS MIN.) 6. **DATE OF BIRTH - (MO., DAY, YEAR)**: **April 27, 1905** 7a. **COUNTY OF DEATH**: **Kane**

7b. **CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER**: **St. Charles** 7c. **HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)**: **124 So. 13th Street** 7d. **IF HOSP. OR INST. INDICATE DOA OPVEMER. RM. INPATIENT (SPECIFY)**

8. **STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY)**: **Illinois** 9. **CITIZEN OF WHAT COUNTRY**: **U.S.A.** 10. **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)**: **Married** 11. **NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE)**: **Roland Grayson**

12. **SOCIAL SECURITY NUMBER**: **357-07-3717** 13a. **USUAL OCCUPATION**: **Proprietor** 13b. **KIND OF BUSINESS OR INDUSTRY**: **Retail** 13c. **WAR OR DATES OF SERVICE**: **No**

14a. **RESIDENCE STREET AND NUMBER**: **124 So. 13th Street** 14b. **CITY, TOWN, TWP. OR ROAD DISTRICT NO.**: **St. Charles** 14c. **INSIDE CITY YES / NO**: **Yes** 14d. **COUNTY**: **Kane** 14e. **STATE**: **Illinois**

**PARENTS**

15. **FATHER - NAME** FIRST MIDDLE LAST: **Jacob Daniel Mandelbaum** 16. **MOTHER - MAIDEN NAME** FIRST MIDDLE LAST: **Estella Hamburg**

**CAUSE**

17a. **INFORMANT NAME (TYPE OR PRINT)**: **Roland Grayson** 17b. **RELATIONSHIP**: **Husband** 17c. **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)**: **124 So. 13th St., St. Charles, IL 60174**

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

PART I. **IMMEDIATE CAUSE**

(a) **due to OR AS A CONSEQUENCE OF:** *terminal pneumonia* APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: *2 days*

(b) **due to OR AS A CONSEQUENCE OF:** *non Hodgkins lymphoma* APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: *5 years*

(c)

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

19a. **AUTOPSY YES / NO**: **No** 19b. **IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH**

20a. **DATE OF OPERATION, IF ANY** 20b. **MAJOR FINDINGS OF OPERATION** 20c. **IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?** **YES  NO**

**CERTIFIER**

21a. **I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON** (MONTH, DAY, YEAR): **September 12, 1988** 21b. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO**: **Yes** 21c. **HOUR OR DEATH**: **10:20 A. M.**

22a. **SIGNATURE** *Rodney B. Nelson* 22b. **DATE SIGNED - (MONTH, DAY, YEAR)**: **Sept. 28, 1988**

22c. **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)**: **Rodney B. Nelson, III, M.D. 127 Hamilton St., Geneva, IL 60134** 22d. **ILLINOIS LICENSE NUMBER**: **36-45772**

23. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)**: **NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

**DISPOSITION**

24a. **BURIAL, CREMATION, REMOVAL (SPECIFY)**: **Burial** 24b. **CEMETERY OR CREMATORY - NAME**: **Mt. Emblem Cemetery** 24c. **LOCATION**: **Elmhurst, Illinois** 24d. **DATE** (MONTH, DAY, YEAR): **Sept. 30, 1988**

25a. **FUNERAL HOME**: **Norris Funeral Home** 25b. **STREET AND NUMBER OR R.F.D.**: **100 So. Third Street** 25c. **CITY OR TOWN**: **St. Charles** 25d. **STATE**: **Illinois** 25e. **ZIP**: **60174**

26a. **FUNERAL DIRECTOR'S SIGNATURE** *[Signature]* 26b. **FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER**: **7559**

27a. **LOCAL REGISTRAR'S SIGNATURE** *Lorraine P. Sava* 27b. **DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**: **SEP 28 1988**

VR200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF ILLINOIS )  
COUNTY OF KANE ) SS DATE ISSUED **SEP 28 1988**

I, Lorraine P. Sava, Kane County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Kane County, Geneva, Illinois.

*Lorraine P. Sava*  
**LORRAINE P. SAVA**  
COUNTY CLERK

