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BOARD OF HEALTH—CITY OF CHICAGO

September 4, 1973

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Murray C. Brown, 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 Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

Murray C Brown
LOCAL REGISTRAR

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 623830

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

Item	Entry
1. DECEASED—NAME (FIRST, MIDDLE, LAST)	ALEXANDER VELGOS
2. SEX	MALE
3. DATE OF DEATH (MONTH, DAY, YEAR)	SEPTEMBER 3, 1973
4. RACE	WHITE
5a. AGE—LAST BIRTHDAY (YEARS)	77
6. DATE OF BIRTH (MONTH, DAY, YEAR)	Sept. 18, 1895
7a. COUNTY	Cook
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Chicago
7c. INSIDE CITY (YES/NO)	Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME	MT. SINAI HOSPITAL
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	POLAND
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)	Marie Makowski
12. SOCIAL SECURITY NUMBER	350-07-3442
13a. USUAL OCCUPATION	Dock Worker
13b. KIND OF BUSINESS OR INDUSTRY	Ele. Controls
13c. U.S. WAR VETERAN (YES/NO)	No
13d. WAR OR DATES OF SERVICE	None
14a. RESIDENCE—STATE	ILLINOIS
14b. COUNTY	COOK
14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	CHICAGO
14d. INSIDE CITY (YES/NO)	YES
14e. STREET AND NUMBER	4340 N. KEYSTONE
15. FATHER—NAME	Adam Velgos
16. MOTHER—MAIDEN NAME	Barbara Cipra
17a. INFORMANT'S SIGNATURE	Rose Kowalski
17b. RELATIONSHIP	CLERK
17c. MAILING ADDRESS	2750 W. 15TH ST. HOSPITAL RECORDS
18. PART I. DEATH WAS CAUSED BY: (a) IMMEDIATE CAUSE	urinary tract infection; uremia — Interval: UNKNOWN
(b) DUE TO OR AS A CONSEQUENCE OF	Gram negative septicemia — Interval: UNKNOWN
(c) DUE TO OR AS A CONSEQUENCE OF	Bifasci cular heart block
PART II. OTHER SIGNIFICANT CONDITIONS	
19a. AUTOPSY (YES/NO)	NO
20a. DATE OF OPERATION, IF ANY	None
20b. MAJOR FINDINGS OF OPERATION	
21a. I ATTENDED THE DECEASED FROM	AUG. 29, 1973
21b. TO	SEPT. 3, 1973
21c. AND LAST SAW HIM/HER ALIVE ON	HIM SEPT. 3, 1973
21d. HOUR OF DEATH	10:20A M.
22a. SIGNATURE	D. Vellody (Devi Vellody)
22b. DATE SIGNED	Sept. 3-1973
22c. ILLINOIS LICENSE NUMBER	36-47357
23. MAILING ADDRESS—CERTIFIER	2720 W. 15TH ST. CHICAGO ILLINOIS 60608
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial
24b. CEMETERY OR CREMATORY—NAME	St. Adalbert
24c. LOCATION	Niles Illinois
24d. DATE	Sept. 5, 1973
25. FUNERAL HOME	Theis Funeral Home 3517-27 N. Pulaski Rd. Chicago Illinois 60641
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25-31-3631
26a. REGISTRAR'S SIGNATURE	(signature)
26b. DATE RECD. BY LOCAL REGISTRAR	SEP 4 1973

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

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

CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Chicago 60602
Illinois Department of Public Health, Office of Vital Records

BASED ON 1968 U.S. STANDARD CERTIFICATE

DEVI VELLODY

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Michael Velgos the 28th day of July A.D., 19 98 at 10:55 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 27557

Return: Michael Velgos
127 Muddy Creedk Ave.
Las Vegas, Nv. 89123

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ross