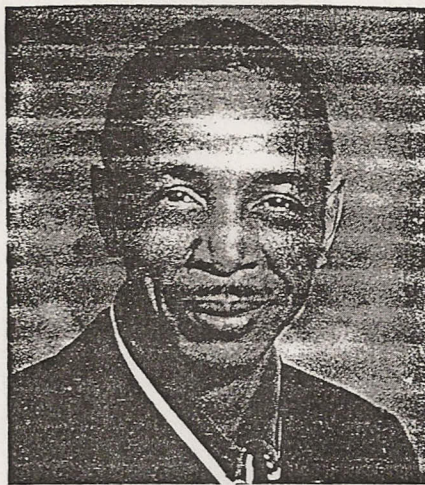


Wake at
A. A. Rayner & Sons Funeral Home
318 E. 71st Street
Chicago, Illinois
Saturday, December 23, 1995
at 10:00 a.m.
Funeral Services
at 10:30 a.m.

Interment
Lincoln Cemetery

I am home in heaven, dear ones;
Oh, so happy and so bright!
There is perfect joy and beauty
In this everlasting light.
All the pain and grief is over,
Every restless tossing passed;
I am now at peace forever,
Safely home in heaven at last.
There is work still waiting for you,
So you must not idly stand;
Do it now, while life remaineth-
You shall rest in God's own land.
When that work is all completed,
He will gently call you Home;
Oh, the rapture of that meeting,
Oh, the joy to see you come!



In Loving Memory of
HUGH BROWN

Born
July 2, 1920

At Rest
December 20, 1995

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO.

STATE OF ILLINOIS

STATE FILE
NUMBERREGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

623855

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

A

DECEASED

B

C

D

E

PARENTS

1

2

3

CAUSE

4

5

N

P

CERTIFIER

DISPOSITION

DECEASED-NAME 1. HUGH		FIRST BROWN		LAST BROWN		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 20, 1995	
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 75	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 2, 1920			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. THE UNIVERSITY OF CHICAGO HOSPITALS				IF HOSP. OR INST. INDICATE D.O.A. OP EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Hazel Hirsh, MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Bertha Johnson		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9. Yes		
SOCIAL SECURITY NUMBER 10. 10360-05-6047		USUAL OCCUPATION 11a. Food Server		KIND OF BUSINESS OR INDUSTRY 11b. Cont. Airline		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th		
RESIDENCE (STREET AND NUMBER) 13a. 615 E. 87th Street		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES NO) 13c. Yes		COUNTY 13d. Cook		
STATE 13e. Illinois		ZIP CODE 13f. 60619		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black		OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO YES SPECIFY		
FATHER-NAME FIRST MIDDLE LAST 15.		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Matilda De Meyers						
INFORMANT'S NAME (TYPE OR PRINT) 17a. MAYBLEINE GIGGERS		RELATIONSHIP 17b. RECORDS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. CHICAGO, ILLINOIS 60637				
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		(a) MULTI-SYSTEM ORGAN FAILURE DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) SECONDARY TO PRESUMED SEPSIS DUE TO, OR AS A CONSEQUENCE OF						
		(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO						
		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.						
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. DECEMBER 20, 1995		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 3:20 P.M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. DECEMBER 20, 1995						
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ARTHUR CHRISTIANO, MD CHICAGO, ILLINOIS 60637		ILLINOIS LICENSE NUMBER 22d. 125-031156						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. MARK FERGUSON, MD		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
BURIAL/CREMATION REMOVAL SPECIES 24a. Burial		CEMETERY OR CREMATORY NAME 24b. Lincoln Cemetery		LOCATION 24c. Worth Illinois		DATE (MONTH, DAY, YEAR) 24d. Dec 23, 1995		
FUNERAL HOME NAME 25a. A.A. Rayner & Sons Funeral Home 318 E. 71st Str, Chicago Illinois 60619		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]						
		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						