

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DATE ISSUED **2/6/2023**

STATE FILE NUMBER **2023 0009184**

DECEDENT'S LEGAL NAME FRIDA TEBE				SEX FEMALE	DATE OF DEATH JANUARY 17, 2023
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH DECEMBER 02, 1938			
CITY OR TOWN SOUTH HOLLAND	HOSPITAL OR OTHER INSTITUTION NAME 2043 E 171ST COURT				
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CAMEROON	SOCIAL SECURITY NUMBER UNKNOWN	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARRIAGE NAME EVER IN U.S. ARMED FORCES? NO		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2043 E 171ST COURT			APT. NO.	CITY OR TOWN SOUTH HOLLAND	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TIKUM SIMON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EBO BOH TEBID
INFORMANT'S NAME HENRY AKUMBE-NJIWAH			RELATIONSHIP SON	MAILING ADDRESS 2043 E 171ST COURT, SOUTH HOLLAND, IL, 60473	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ASSUMPTION CEMETERY	LOCATION - CITY OR TOWN AND STATE GLENWOOD, IL	DATE OF DISPOSITION APRIL 15, 2023	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628					
FUNERAL DIRECTOR'S NAME BRIDGETTE BROWN WRIGHT				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014948	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH				DATE FILED WITH LOCAL REGISTRAR FEBRUARY 3, 2023	
CAUSE OF DEATH		PART I		YEARS	
IMMEDIATE CAUSE <i>(Final disease or condition resulting in death)</i>		a. _____ <small>Due to (or as a consequence of)</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ <small>Due to (or as a consequence of)</small>			
		c. _____ <small>Due to (or as a consequence of)</small>			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:30 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 17, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LAWRENCE LAPALIO MD, 5101 WILLOW SPRINGS RD, LAGRANGE, ILLINOIS, 60525				PHYSICIAN'S LICENSE NUMBER 03605553	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FILED IN STATE AND COUNTY SEALS AT BOTTOM

2503031



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE