

ALLEN M. PUTTERMAN, MD, SC, FACS

AESTHETIC AND RECONSTRUCTIVE EYELID AND FACIAL PLASTIC SURGERY



10-1020-109B-1

Date 1-5 2012To: Brittany Thank you!From: Bonnie Klein Patient CoordinatorFax #: 847 806 6154Pages to follow 1for JAND Pointe

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

STATE FILE NUMBER 2011-0072968

DATE ISSUED 10/05/2011

DECEDENT'S LEGAL NAME STANLEY IRWIN GOLDFARB		SEX MALE	DATE OF DEATH OCTOBER 01, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH APRIL 09, 1948		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME 1505 E CENTRAL ROAD		
PLACE OF DEATH DECEDENT'S HOME				
BIRTH PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 350-40-0225	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S Maiden Name 	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1505 E CENTRAL ROAD	APT. NO. B109	CITY OR TOWN ARLINGTON HEIGHTS		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60005	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VICTOR GOLDFARB	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GERTRUDE FIGENHOLTZ
INFORMANT'S NAME BONNIE KLEIN	RELATIONSHIP COMPANION	MAILING ADDRESS 1505 E CENTRAL ROAD, ARLINGTON HEIGHTS, IL, 60005		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SHALOM MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION OCTOBER 02, 2011	
FUNERAL HOME GOLDMAN FUNERAL GROUP, 195 N. BUFFALO GROVE ROAD, BUFFALO GROVE, IL, 60089				
FUNERAL DIRECTOR'S NAME IRWIN GOLDMAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012336		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR OCTOBER 4, 2011		
CAUSE OF DEATH	PART I. CONGESTIVE HEART FAILURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b. AMYLOIDOSIS	Due to (or as a consequence of):		
	c.	Due to (or as a consequence of):		
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:		
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				
MANNER OF DEATH: NATURAL				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 30, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PHONONCED	TIME OF DEATH 10:35 AM
IF TRANSPORTATION INJURY, SPECIFY				
CERTIFIER PHYSICIAN				
DATE CERTIFIED OCTOBER 03, 2011				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHILIP H. SHERIDAN MD, 2150 PFINGSTEN ROAD, GLENVIEW, ILLINOIS, 60026				
PHYSICIAN'S LICENSE NUMBER 036-079226				

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.


 David Orr
 Cook County Clerk


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

312-372-1762

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Allen M. Puttermann, M.D.

Jan 05 1206-28a