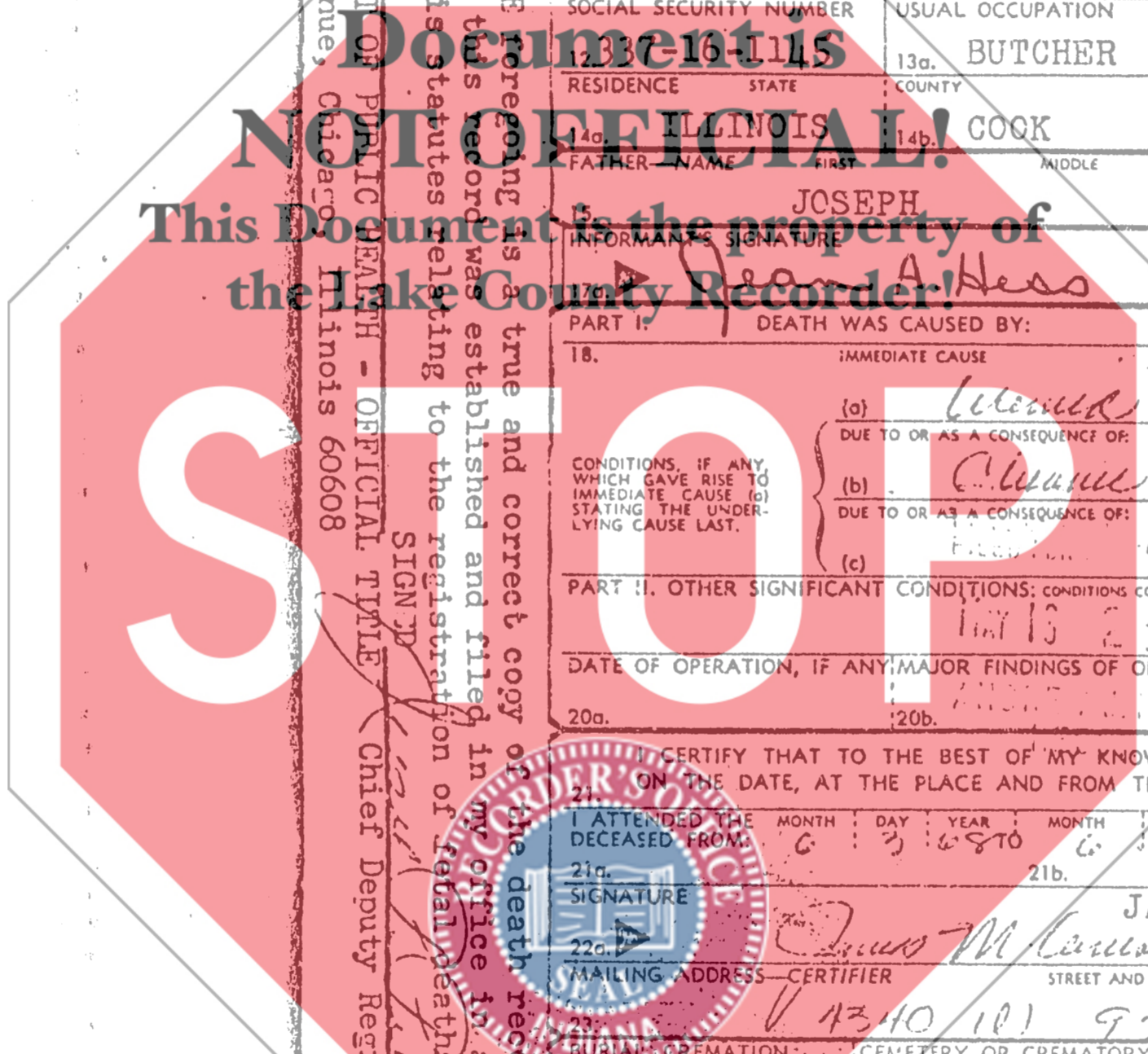


58371

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of legal deaths and deaths.
Date JUN 14 1968
At COOK COUNTY DEPARTMENT OF PUBLIC HEALTH - OFFICIAL TITLE Chief Deputy Registrar
1125 South Racine Avenue, Chicago, Illinois 60608



STATE OF ILLINOIS 02802

REGISTRATION DISTRICT NO. 1160 REGISTERED NUMBER 10011

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. FRANK JOSEPH MARTINEK 2. MALE 3. JUNE 9, 1968

RACE WHITE AGE—LAST BIRTHDAY (YRS) 50. 67 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 6 SEPT. 25, 1900 PLACE OF DEATH COUNTY 7a. COOK

4. OAK LAWN, ILLINOIS 7b. YES 7c. CHRIST COMMUNITY HOSPITAL

BIRTHPLACE (COUNTRY) ILLINOIS CITIZEN OF WHAT COUNTRY UNITED STATES MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. ELSIE MACHACEK

8. CHICAGO SOCIAL SECURITY NUMBER 9. BUTCHER USUAL OCCUPATION 13b. BUTCHER KIND OF BUSINESS OR INDUSTRY MEAT MARKETING U.S. WAR VETERAN; WAR OR DATES OF SERVICE (YES/NO) 13c. NO 13d. NONE

14a. ILLINOIS 14b. COOK 14c. OAK LAWN 14d. UES 14e. 6126 W. 82nd PLACE

FATHER—NAME JOSEPH MARTINEK MOTHER—MAIDEN NAME ANASTASIA

16. ANASTASIA

17a. CHICAGO RECORDS 17b. RECORDS 17c. 11110 W. 95th ST., OAK LAWN, ILL. 60453

PART II. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) *Unk* (b) *Chronic glaucoma of eye* (c) *Heart failure* ELUD D *Unk* *year*

PART III. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART II (a) *Heart failure* (b) *Unk* (c) *Unk* MAY 13 1970

19a. YES 19b. YES

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION *Heart failure*

20g. *Heart failure*

20. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 12:05 PM ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED

21. I ATTENDED THE DECEASED FROM MONTH DAY YEAR 6 3 68 TO MONTH DAY YEAR 6 9 68 AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR 6 9 68

21a. SIGNATURE *James M. Comrie* 21b. JAMES M. COMRIE 21c. DATE SIGNED (MONTH, DAY, YEAR) 6/10/68 ILLINOIS LICENSE NUMBER 22c. 34182

22a. MAILING ADDRESS—CERTIFIER 4340/101 95th St. Oak Lawn, Ill. 22b. STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) 23a. burial 23b. Cemetery or Crematory—NAME Chapel Hill Gardens LOCATION City or Town State DATE (MONTH, DAY, YEAR) 24d. 6-12-68

24a. burial 24b. South 24c. Worth, Illinois 24d. 6-12-68

25a. Lawn Funeral Home 17909 State Road Oak Lawn, Illinois 60459

25b. FUNERAL DIRECTOR'S SIGNATURE *Richard J. Suckers* 25c. 4537

26a. LOCAL REGISTRAR'S SIGNATURE *John B. Hall, M.D.* 26b. COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 11 1968

VS 200—(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF STATISTICS (BASED ON 1966 U. S. STANDARD CERTIFICATE)

PT. SE. S. 35 T. 34 R. 9 .82 A. Key # 25-10-5