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STATE OF ILLINOIS

STATE FILE
NUMBER

610673

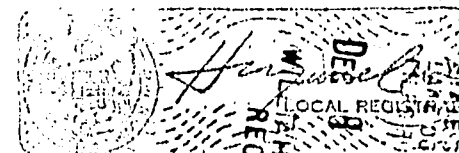
MEDICAL CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 16.10REGISTERED
NUMBERLAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND. 46410
November 18, 1980STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

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DEPARTMENT OF HEALTH CITY OF CHICAGO

I, Hugo H. Muriel, 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.

37-20-20 N 76.88 ft. E. 566.6
W. 1226.6 ft. S. 153.76
SW NW S. 28 T. 36 R. 9 MCThis Certified Copy **VALID**
When **MULTICOLOR SEAL**
And **BLUE SIGNATURE** Are
Affixed.

copy

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

1. Gustaw Jachimko 2. Male 3. May 13, 1980

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White 4b. POLISH 5a. 47 5b. 1 5c. 1 6. 12-25-1932 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago 7c. Northwestern Memorial Hospital 7d. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. POLAND 9. POLAND 10. MARRIED 11. CECILIA ONUCZKO

SOCIAL SECURITY NUMBER 12. 318-44-2411 13. BRICK LAYER 13b. STEEL 13c. NO 13d.

RESIDENCE STREET AND NUMBER 14a. 9243 Spring St. 14b. Highland 14c. Yes 14d. LAKE 14e. IN.

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15. WLADYSLAW JACHIMKO 16. ANNA GRZESUZAK

INFORMANT'S SIGNATURE 17a. M. Swaleson 17b. Medical Records 17c. 303 E. Superior, Chicago, IL. 60611

18. DEATH WAS CAUSED BY: [CHECK ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I. IMMEDIATE CAUSE (a) Cardiorespiratory Arrest 1 Hour (b) Gastric Carcinoma 1 Year

CONDITIONS, IF ANY, WHICH GIVE RISE TO THIS CAUSE (c) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES/NO) 19a. No 19b.

DATE OF OPERATION 20a. 4-1-80 20b. MAJOR FINDINGS OF OPERATION

I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE (MONTH, DAY, YEAR) HOUR OF DEATH

21b. 4-1-80 TO 5-13-80 21c. Him 5-12-80 21d. 7:38 A.M.

22a. SIGNATURE Mary M. Austin-Seymour M.D. 22b. 5-13-80

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. Mary M. Austin-Seymour, M.D., 303 E. Superior, Chicago, IL. 22d. 59073

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.

23. John Merrill, M.D.

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. DEMONCKI 3630 W. GEORGE ST. CHGO ILL. 60618

FUNERAL DIRECTOR'S SIGNATURE 25b. 25c. 6451

LOCAL REGISTRAR'S SIGNATURE 26a. 26b. MAY 14 1980

CHICAGO DEPT. OF HEALTH (MICHAEL J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602) 26b. MAY 14 1980

200 (REV. 1/79) Illinois Department of Public Health - Office of Vital Records (BASED ON 1973 U.S. STANDARD CERTIFICATE)