

*Leonarda Reiplinger*  
 2935 Revere Court  
 State License Number  
 206

705195

STATE OF ILLINOIS

00922

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER		DECEASED - NAME		FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. James T. REIPLINGER		2. Male		3. January 30, 1982		RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH
4a. White		4b. American		5a. 64		5b. 5c.		6. 9-1-1917		7a. Cook	
7b. Lansing 60438		7c. Tri-State Manor Nursing Home		7d. Inpatient		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. Indiana		9. U.S.A.		10. Married		11. Leonarda Reiplinger		SOCIAL SECURITY NUMBER		USUAL OCCUPATION	
12. 311-07-0603		13a. Pipe Fitter		13b. Local #597		13c. Yes		13d. W.W. II		RESIDENCE STREET AND NUMBER	
14a. 8935 Revere Court		14b. Munster		14c. Yes		14d. Lake		14e. Indiana		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	
15. Joseph Reiplinger		16. Cecilia Schaeffer		FATHER - NAME		MOTHER - MAIDEN NAME		FATHER - NAME		MOTHER - MAIDEN NAME	
17a. <i>William J. Reiplinger</i>		17b. N.H. Records		17c. 2500 175th St. Lansing, Illinois 60438		INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
18. DEATH WAS CAUSED BY:		ART I. IMMEDIATE CAUSE		ART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) <i>Bacterial pneumonia</i>		(b) <i>Acute</i>	
19a. <i>NO</i>		19b. <i>NO</i>		19c. <i>NO</i>		19d. <i>NO</i>		19e. <i>NO</i>		19f. <i>NO</i>	
20a. <i>NO</i>		20b. <i>NO</i>		20c. <i>NO</i>		20d. <i>NO</i>		20e. <i>NO</i>		20f. <i>NO</i>	
21a. 7/17/81		21b. 1/30/82		21c. 1/29/82		21d. 10:00AM.		21e. <i>NO</i>		21f. <i>NO</i>	
22a. <i>Ronald P. Feldner</i>		22b. January 30, 1982		22c. <i>NO</i>		22d. 36-37377		22e. <i>NO</i>		22f. <i>NO</i>	
23a. Burial		23b. Chapel Lawn Cem.		23c. Schererville, Indiana		23d. Feb. 2, 1982		23e. <i>NO</i>		23f. <i>NO</i>	
24a. Burns-Kish Funeral Homes, Inc.		24b. 8415 Calumet Ave.		24c. Munster, Indiana		24d. 46321		24e. <i>NO</i>		24f. <i>NO</i>	
25a. <i>George A. Burns</i>		25b. <i>NO</i>		25c. 912		25d. <i>NO</i>		25e. <i>NO</i>		25f. <i>NO</i>	
26a. <i>Karen L. Scott</i>		26b. <i>NO</i>		26c. <i>NO</i>		26d. <i>NO</i>		26e. <i>NO</i>		26f. <i>NO</i>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the 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 births, stillbirths and deaths.

At Cook County Department of Public Health  
 1500 S. Maybrook Drive  
 Maywood, Illinois 60153

Signed *Karen L. Scott*  
 Official Title *Chief Deputy Registrar*

Indy #29-117-38  
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