

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

4692 Ray Anasomach
STATE FILE NUMBER 4732 Indpls Blvd
East & Co

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER 766880		DECEASED - NAME		SEX	DATE OF DEATH	
1. Charles		Salley		2. Male		3. June 20, 1983		
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH	
4a. White	4b. American	5a. 67	5b.	5c.	6. Feb 20, 1916		7a. Cook	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER			HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM. INPATIENT (SPECIFY)		
7b. Dolton			7c. Country Manor Nursing Center			7d. Inpatient		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			
8. Pennsylvania	9. U.S.A.		10. Married		11. Anne Mateja			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE		
12. 194-01-6195		13a. Pipefitter	13b. Steel		13c. Yes	13d. WW II		
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE			
14a. 1848 Maiden Lane		14b. Hammond	14c. yes	14d. Lake	14e. Indiana			
FATHER - NAME			MOTHER - MAIDEN NAME					
15. Peter Salley			16. Teresia Zeliznyak					
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)					
17a. Barbara J. Salley, R.N.		17b. NH Rec	17c. 1635 E. 154th, Dolton, IL 60419					
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
PART I. IMMEDIATE CAUSE								
(a) CARDIORESPIRATORY AR								
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.								
(b) PNEUMONIA FILED								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE(S) LISTED IN PART I (a)							AUTOPSY (YES/NO)	IF YES, WHERE FINDINGS CONFIRMED FOR DETERMINING CAUSE OF DEATH
							19a. No	19b. 1
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>				
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)		HOUR OF DEATH		
21a. Sept. 15, 1978		21b. June 20, 1983		21c. June 20, 1983		21d. 9:05 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.								
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)				
22a. Rolando M. Garcia, M.D.		1635 E. 154th St, Dolton		6/20/83				
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.				
23.								
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)			
24a. Burial	24b. St. John Cemetery	24c. Hammond, Indiana			24d. June 21, 1983			
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP		
25a. Leo V. Hennessy (for Baran & Son),		2111 East 138th Street,		Riverdale, Ill	60627			
FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Leo V. Hennessy					25c. 7030			
LOCAL REGISTRAR'S SIGNATURE					DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. Karen L. Scott, M.H.					26b. June 27, 1983			

WILLIAM J. WIELSKI JR
RECORDED
JUL 31 1984
10 08 AM '84

DEPT. OF HEALTH
STATE OF INDIANA
S.S. NO. 1
FILED FOR RECORD

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 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.

Date APR 13 1984
Signed *Nellie McCarroll*
At Cook County Department of Public Health
1500 S. Maybrook Drive
Maywood, Illinois 60153
Official Title Chief Deputy Registrar

JOHN MATEJA'S ADD LOT B
KEY # 35-397-2

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