

REGISTRATION DISTRICT NO. 16.10

787624

STATE OF ILLINOIS

Lot 16 Pl. 3 Broadmor

STATE FILE NUMBER

Edward Burke
8585 Broadway
Densellville
May 1, 1984

MEDICAL CERTIFICATE OF DEATH

608564

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. SALLY ALICE MALECK FEMALE 3. APRIL 28, 1984

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE—(MONTHS, YEARS, UNDER, OVER) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
4. WHITE No. AMERICAN 5a. 66 5b. 5c. 6. JULY 5, 1917 7b. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—(NAME, STREET AND NUMBER, CITY) IF HOSP. OR INST. INDICATE DOA (SPECIFY) IF HOSP. OR INST. INPATIENT
7a. Chicago 7c. ST. JOSEPH HOSPITAL xi. INPATIENT

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. INDIANA 9. U.S.A. 10. MARRIED 11. FRANK MALECK

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE
12. 312-20-2452 13a. Housewife 13b. Own Home 13c. NO 13d. NONE

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE
14a. 7708 HOHMAN 14b. MUNSTER 14c. YES 14d. LAKE 14e. INDIANA

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. IGNATZ WOZNIAK 16. ANTOINETTE URVAN

PREDECESSOR NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (CITY OR TOWN, STATE, ZIP)
17a. ALEXIS U. TOLEDO 17b. HOSPITAL RECORDS 17c. 2900 N. LAKE SHORE DRIVE, CHICAGO, ILLINOIS 60657

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

PART I IMMEDIATE CAUSE
(a) CARDIOPULMONARY ARREST MINUTES
DUE TO OR AS A CONSEQUENCE OF:
(b) Metastatic Carcinoma. years
DUE TO OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

1100: (SEE INSTRUCTIONS) (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) HOUR OF DEATH
21a. APRIL 24, 1984 21b. 21c. 2:28 AM

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MO., DAY, YR.)
22a. 22b. 4/28/84

22a. SIGNATURE (NAME AND ADDRESS OF CERTIFIER) (TYPE OR PRINT) ILL. 60657 ILLINOIS LICENSE NUMBER
DR. LARRY SHULRUFF M.D. 2913 N. COMMONWEALTH, CHICAGO, 22d. 036057636

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

BURIAL, CREMATION, REMOVAL, ETC. CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. ENTOMBMENT 24b. HOLY CROSS CEMETERY 24c. CALUMET CITY, ILLINOIS 24d. MAY 1, 1984

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. LEO V. HENNESSY 244 E. 138TH ST., CHICAGO ILLINOIS 60627

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Leo V. Hennessy Hammond, Ind. 25c. 7030

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Edward C. Edwards, M.D., M.P.A. 26b. APR 29 1984 LV

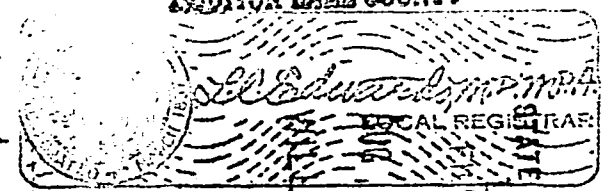
STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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.

FILED

AUG 3 1984

Louise O. Trout
AUDITOR LAKE COUNTY



THIS CERTIFIED COPY IS VALID WHEN MULTICOLOR SEAL AND BLUS SIGNATURE ARE AFFIXED

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DEPARTMENT OF HEALTH CITY OF CHICAGO