

REGISTRATION DISTRICT NO. 16792598

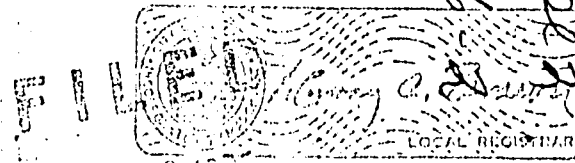
MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME 1. Ogden F. Yohnka (Yohnke)		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 29, 1978			
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White	ORIGIN OR DESCENT 4b. German	AGE - LAST BIRTHDAY (YRS) 5a. 50	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MO., DAY, YEAR) 6. July 28, 1927	COUNTY OF DEATH 7a. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Rush Presbyterian-St. Luke's Med. Center		IF HOSP. OR INST. INDICATE DOA, OPILMER, IM, INPATIENT (SPECIFY) 7d. Inpatient		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WILL) 11. Irene Krawczyk			
SOCIAL SECURITY NUMBER 12. 344-20-9224	USUAL OCCUPATION 13a. Shipper	KIND OF BUSINESS OR INDUSTRY 13b. Can Manufacture	U.S. WAR VETERAN (YES/NO) 13c. Yes	WAR OR DATES OF SERVICE 13d. WWII & Korean		
RESIDENCE STREET AND NUMBER 14a. 8639 Homan Ave.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Muenster	INSIDE CITY (YES/NO) 14c. Yes	COUNTY 14d. Lake	STATE 14e. Indiana		
FATHER - NAME 15. William Yohnka		MOTHER - MAIDEN NAME 16. Selma Kassman				
INFORMANT'S SIGNATURE 17a. <i>Francis Kass</i>	RELATIONSHIP 17b. Clerk	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1753 W. Congress Pkwy. Chicago, Ill. 60612				
18. 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) Carcinoma of the Right Lung					2 Years	
CONDITIONS IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST						
(b)						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.					
I ATTENDED THE DECEASED FROM: 21a. March 23, 1978	TO 21b. March 29, 1978	AND LAST SAW HIM/HER ALIVE ON: 21c. March 29, 1978	HOUR OF DEATH 21d. 12:15 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 Philip Bonomi					DATE SIGNED (MONTH, DAY, YEAR) 22b. March 30, 1978	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Philip Bonomi 1753 W. Congress Pkwy. Chicago, Illinois 60612					ILLINOIS LICENSE NUMBER 22d. 52056	
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.						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY - NAME 24b. Holy Cross Cemetery	LOCATION 24c. Calumet City, Illinois	CITY OR TOWN 24d. April 1, 1978	STATE	DATE (MONTH, DAY, YEAR)	
FUNERAL HOME 25a. Chicago-Suburban Morticians, 244 East 138th Street, Chicago, Illinois 60627		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7030				
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Leo V. Hennessy</i>		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 31 1978				
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Conroy C. Brown</i>		CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602				

March 31, 1978

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Murray C. Brown, 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.



FEB 19 1978

ADDICOR LAKE COUNTY
This Certified Copy VALID

When MULTICOLOR SEAL And BLUE SIGNATURE Are Affixed.

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DEPARTMENT OF HEALTH
CITY OF CHICAGO

Irene Yohnka
607377
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March 10th Add

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