

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		623584
DECEASED—NAME 1. Delores Velligan		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 19, 1982		
RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White	ORIGIN OR DESCENT 4b. American	AGE—(MONTHS, YEARS) 5a. 53	HEIGHT—(FEET, INCHES) 6a. 5. 5.	WEIGHT—(POUNDS, OUNCES) 6b. 110. 0.	DATE OF BIRTH (MO., DAY, YEAR) 6. April 2, 1929
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7a. Chicago		HOSPITAL OR OTHER INSTITUTION—NAME, ADDRESS AND CITY (GIVE FULL NAME) 7c. Rush Pres St Lukes Medical Center		IF HOSP. OR INST. INDICATED DOA OF (SPECIFY) (M., DAY, YEAR) 7d. Inpatient	
STATE OF BIRTH (IF NOT IN U.S.A. NAME AND COUNTRY) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. Anthony J. Velligan	
SOCIAL SECURITY NUMBER 12. not avail.	USUAL OCCUPATION 13a. Bookkeeper	KIND OF BUSINESS OR INDUSTRY 13b. Grocery Store	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. No	WAR OR DATES OF SERVICE 13d. None	
RESIDENCE STREET AND NUMBER 14a. 8956 Tapper St.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. St. John	INSIDE CITY (YES/NO) 14c. Yes	COUNTY 14d. Lake	STATE 14e. Indiana	
FATHER—NAME 15. Chester Michalski		MOTHER—MAIDEN NAME 16. Lottie Mackowiak			
INFORMANT NAME (TYPE OR PRINT) 17a. Dawn Velligan		RELATIONSHIP 17b. Clerk	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 1753 W. Congress Pkwy Chg. IL 60612		
18. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18a. Lung Cancer					10 months
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE: (a) STATING THE UNDERLYING CAUSE LAST.					
18b. _____					
18c. _____					
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 (DO) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. November 18, 1982					WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. NO
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					HOUR OF DEATH 21c. 7:31
22a. SIGNATURE Dr. Philip Bonomi, 1753 W. Congress Pkwy Chg. IL 60612					DATE SIGNED (MO., DAY, YR.) 22b. November 19, 1982
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. _____					ILLINOIS LICENSE NUMBER 22d. 36-52056
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. _____					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Holy Cross	LOCATION 24c. Calumet City, Illinois	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR) 24d. Nov. 23, 1982
FUNERAL HOME 25a. MRAZEK & RUSS FUNERAL SERVICE 1706 W. JACKSON BLVD. CHICAGO, ILL. 60612					
FUNERAL DIRECTOR'S SIGNATURE 25b. _____					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5029
LOCAL REGISTRAR'S SIGNATURE 26a. _____					DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 21 1982

883374

Anthony Velligan  
8956 Tapper St  
St John 60612

50-177-7 Riverview Hghts 1st  
Add S. 40th L. 7 Bl. 7  
12-58-8 High Ridge Ex. Unit  
#5 Lot 56  
November 22, 1982  
STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

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.

FILED  
OCT 30 1986

STATE OF ILLINOIS  
LAKE COUNTY  
FILED FOR RECORD  
OCT 30 2 1986  
RUDOLPH  
RECORDS  
LOCAL REGISTRAR

This Certified Copy VALID  
When MULTICOLOR SEAL  
And BLUE SIGNATURE Are  
Affixed.

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