

REGISTRATION DISTRICT NO. 16.10	933888	STATE OF ILLINOIS	STATE FILE NUMBER 613517
MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. THEODORE	WITECKI	2. MALE	3. JULY 12, 1987
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT (GIVE - LAST (NO) UNDER YEAR UNDER DAY UNDER HOUR UNDER MIN.)	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH
4a. WHITE	4b. AMERICAN 68	6. Oct. 10, 1918	7b. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME OF HOSPITAL, GIVE STREET AND HOUSE NUMBER		IF HOSP. OR INST. INDICATE DOA PP/EMER. FIRM, INPATIENT OR OUTPATIENT
7a. Chicago	7c. UNIVERSITY OF CHICAGO MEDICAL CENTER		7d. 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. ILLINOIS	9. UNITED STATES	10. MARRIED	11. MONICA MALECK
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YEAR OR NO)
12. 311-10-6645	13. TRACTOR DRIVER	13a. REPUBLIC STEEL	13c. YES
13d. W.W.II	RESIDENCE—STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	COUNTY
14a. 901 WEST 56TH AVENUE	14b. MERRILLVILLE	14c. YES	14d. INDIANA
FATHER—NAME	FIRST MIDDLE LAST	MOTHER—MAIDEN NAME	FIRST MIDDLE LAST
15. WALTER	WITECKI	16. EUGENIA	REKTORSKI
INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
17a. JENNIFER MURDOCK	17b. HOSPITAL RECORDS	17c. 5841 MARYLAND CHICAGO, ILLINOIS 60637	
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) <i>arystole</i>			
DUE TO OR AS A CONSEQUENCE OF:			
(b) <i>cardiorespiratory insufficiency</i>			
DUE TO OR AS A CONSEQUENCE OF:			
(c) <i>Metastatic cholangiocarcinoma</i>			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (I)			AUTOPSY (YES/NO)
			19a. NO
			19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 7/2/87	20b. Extensive metastasis		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. (I DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH	
21a. 7/12/87	21b. NO	21c. 10:10 P M.	
22a. SIGNATURE (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. <i>[Signature]</i> M.D.			22b. 7/13/87
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER
22c. DR. A. Yim 5841 MARYLAND CHICAGO, ILLINOIS 60637			22d. T-019428
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.
23. FRANK P. STUART			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. CALUMET PARK	24c. MERRILVILLE, INDIANA	24d. JULY 15, 1987
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE	ZIP
25a. HENNESSY-HORNBURG FUNERAL HOME	244 E. 138th St.	CHICAGO, IL.	60627
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>William L. Smith</i>		25c. 8250	
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26. <i>Lonnice C. Edwards M.D. M.P.A.</i>		26b. JUL 14 1987	

Lonna, Clarke DePly Slippy
85-80- Broadway - Pers.
46410
 July 14, 1987.

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.



Meadowdale Sub 4
W. 7th L. 3 B115

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH, CITY OF CHICAGO

400