

REGISTRATION DISTRICT NO. 16.10	954545	STATE OF ILLINOIS	Peter Bianco STATE FICE NUMBER	615910
MEDICAL CERTIFICATE OF DEATH				
DECEASED-NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Mary Bianco		2. Female	3. August 17, 1987	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT	AGE - LAST YEAR	UNDER 1 YEAR	DATE OF BIRTH (MO., DAY, YEAR)
4a. White	4b. AMER	5a. 68	5b.	6. Jan. 2, 1919
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS AND PHONE NUMBER, GIVE		IF HOSP. OR INST. INDICATED DO NOT ENTER, RM, INPATIENT (SPECIFY)	
7a. Chicago	7b. Northwestern Memorial Hospital		7c. 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. Peter Bianco	
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. 314-03-3756	13a. Home Maker	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. 5460 Carolina Street	14b. Merrillville	14c. Yes	14d. Lake	14e. Indiana
FATHER - NAME	FIRST MIDDLE LAST	MOTHER - MAIDEN NAME	FIRST MIDDLE LAST	
15. Anthony Gajba		16. Mary Sovec		
INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. Dawn Zivanov	17b. Medical Records	17c. 303 E. Superior Chicago, Illinois 60611		
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) Respiratory arrest DUE TO OR AS A CONSEQUENCE OF:		30 Minutes
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) Metastatic ovarian cancer DUE TO OR AS A CONSEQUENCE OF:		1 Month
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
Pnuemonia, pleural effusions, ascites		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 <input type="checkbox"/> NO <input type="checkbox"/>	
1 (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. I did attend the patient/	8-17-87	21b. NO	21c. 7:30 A. M.	
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. SIGNATURE <i>John Lugin</i>			22b. August 17, 1987	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER	
22c. John Lugin 333 E. Superior Chicago, Illinois 60611			22d. 36-58659	
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.				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Mount Mercy	24c. Gary,	Indiana	24d. Aug. 20, 1987
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE
25a. Salerno-Galewood Chapels, J. Savich, Director, 1857 N. Harlem Ave., Chicago, IL 60635			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>John Savich</i>			25c. 9175	
LOCAL REGISTRAR'S SIGNATURE			DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <i>Lonnie C. Edwards, M.D. M.P.A.</i>			26b. AUG 18 1987	

Key # 15-311-13 Meadowland Manor Unit #2 L.13 Bl. H.

August 18, 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.



DEPARTMENT OF HEALTH CITY OF CHICAGO
 ILLIAN BLASTIK
 FILED RECORDER
 AUG 18 1987
 10 35 AM '87

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

FILED

DEC 15 1987

Anna N. Anton
AUDITOR LAKE COUNTY