

*Sarkis & Ostape*  
*6165 Central Ave*  
*Chicago, Ill 60631*

# Certified Copy of a Death Record

REGISTRATION DISTRICT NO <b>16.92</b>	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER <b>1274</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
DECEASED—NAME 1. <b>JOSEPH M. VRSKA Sr.</b>		SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>SEPTEMBER 7, 1985</b>
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. <b>White</b>	ORIGIN OR DESCENT 4b. <b>Czechoslovak</b>	AGE—LAST BIRTHDAY (MO., DAY, YEAR) 5a. <b>61</b>	DATE OF BIRTH (MO., DAY, YEAR) 5b. <b>August 6, 1924</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7d. <b>PROVISO TOWNSHIP</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <b>VETERANS ADM. HINES, IL 60141</b>		IF HOSP. OR INST. INDICATED (OP/EMER. RM. INPATIENT) (SPECIFY) 7e. <b>Inpatient</b>
STATE OF BIRTH (IF NOT IN U.S.A. GIVE COUNTRY) 8. <b>Eastern Europe</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. <b>THERESA PILSITZ</b>
SOCIAL SECURITY NUMBER 12. <b>317 20 7234</b>	USUAL OCCUPATION 13a. <b>Mill rite</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>US Steel</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. <b>Yes</b>
RESIDENCE—STREET AND NUMBER 14a. <b>2587 Clay Street</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. <b>Lake Station</b>	INSIDE CITY (YES/NO) 14c. <b>Yes</b>	COUNTY 14d. <b>Lake</b>
FATHER—NAME 15. <b>Phillip Vrska</b>		MOTHER—MAIDEN NAME 16. <b>Ethel Lacco</b>	
INFORMANT NAME (TYPE OR PRINT) 17a. <b>A.C. HISTER, MAA</b>		RELATIONSHIP 17b. <b>Hospital Records</b>	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. <b>VETERANS ADM. HINES IL 60141</b>
15. 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 15a. <b>Chronic Emphysema.</b>			Unknown STATE OF ILLINOIS LAKE COUNTY FILED FOR RECORD AUG 17 1985 BUREAU OF VITAL RECORDS CROWN POINT, ILLINOIS
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 15b. <b></b>			
15c. <b></b>			
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 15d. <b>Status Post Colon Carcinoma.</b>			
DATE OF OPERATION, IF ANY 20a. <b>9-4-85</b>	MAJOR FINDINGS OF OPERATION 20b. <b>Perforated Sigmoid Colon.</b>		IF THIS DEATH WAS THERE AT THE TIME OF DEATH (SPECIFY YES OR NO) 20c. <b>Yes</b>
18. DID (CORONER) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. <b>September 7, 1985</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. <b>No</b>	HOUR OF DEATH 21c. <b>8:15 A.M.</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE <i>M. Mushtaq Ahmed</i> NAME AND ADDRESS OF CERTIFIER <b>MUSHTAQ AHMED VETERANS ADM. HINES, IL 60141</b>			DATE OF DEATH 22b. <b>SEPTEMBER 7, 1985</b>
22c. <b>036 064634</b>		ILLINOIS LICENSE NUMBER	
23. <b>WILLIAM POTTHOFF, M.D.</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>Calumet Park</b>	LOCATION 24c. <b>Merrillville, Ind.</b>	DATE (MONTH, DAY, YEAR) 24d. <b>Sept. 11, 1985</b>
FUNERAL HOME 25a. <b>Blake-Lamb Funeral Home 4727 W. 103rd St. Oak Lawn, Il. 60453</b>			
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>William Potthoff</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>5954</b>	
LOCAL REGISTRAR SIGNATURE 26a. <i>William Potthoff</i>		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>September 9, 1985</b>	

100-27878  
 #19-  
 928 Be8  
 4th sub.

AUG 4 1985

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named at item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **SEP 9 1985** AUDITOR *W. Potthoff* SIGNED *W. Potthoff*

AT **FOREST PARK ILLINOIS 60130**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL RECORDS**

100-27878

The original record of any death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Any person is authorized to make certifications from copies of the original record. A death record by the Department of Public Health, local registrar or county clerk is valid for all purposes therein stated.