

92031485

J. Juanita Sanchez

Certified Copy of a Death Record

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.92**
REGISTERED NUMBER **16445**

DECEASED—NAME: **Ignacio M. Sanchez** SEX: **Male** DATE OF DEATH: **October 18, 1984**

RACE: **White** ORIGIN OR DESCENT: **Mexican** AGE: **68** DATE OF BIRTH: **Oct. 23, 1915** COUNTY OF DEATH: **COOK**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **PROVISO TOWNSHIP** HOSPITAL OR OTHER INSTITUTION: **VETERANS ADM. HINES, TL 60141** IF HOSP. OR INST. INDIAN, INDIAN, OR INDIAN, INDIAN, INDIAN (SPECIFY): **Inpatient**

STATE OF BIRTH: **Texas** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Juanita (Domineuz)**

SOCIAL SECURITY NUMBER: **451-18-6015** USUAL OCCUPATION: **Steel Worker** KIND OF BUSINESS OR INDUSTRY: **Steel Mill** WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): **Yes** WAR OR DATES OF SERVICE: **WWII**

RESIDENCE STREET AND NUMBER: **215 Goetlin St.** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Hammond** INSIDE CITY: **Yes** COUNTY: **Lake** STATE: **Indiana**

FATHER—NAME: **Caletano Sanchez** MOTHER—MAIDEN NAME: **Marie Meza**

INFORMANT NAME (TYPE OF RELATIONSHIP): **Julia Szczepanski** (Sister) MAILING ADDRESS: **VETERANS ADM. HINES, IL 60141**

18. DEATH WAS CAUSED BY: **Carcinoma of Biliary Tree**

PART I. IMMEDIATE CAUSE: **(a) Carcinoma of Biliary Tree**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATED; THE UNDERLYING CAUSE LAST: **(b) Unknown**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): **None**

DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO): **No** HOUR OF DEATH: **8:50 p.**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **October 18, 1984**

22a. SIGNATURE: **Joan E. Curtines, M.D.** DATE SIGNED: **Oct. 19, 1984**

22b. NAME AND ADDRESS OF CERTIFIER: **VETERANS ADM. HINES, IL 60141** ILLINOIS LICENSE NUMBER: **36-043-034**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Holy Cross** LOCATION: **Calumet City, Il.** DATE: **10-22-84**

24. FUNERAL HOME: **Mortuary Services** NAME: **175 W. 159th St., Harvey, Illinois** CITY OR TOWN: **Harvey, Illinois** STATE: **Illinois** ZIP: **60426**

25. LOCAL REGISTRAR'S SIGNATURE: **Don Hovengard** FOREST PARK ILLINOIS: **60130** DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **October 17, 1984**

26. FUNERAL DIRECTOR'S SIGNATURE: **Don Hovengard** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **7963**

Type of Final or Permanent, Inmate, See Funeral Director, Memorial or Prearranged, Handbook for INSTRUCTIONS

DECLASSED

A UNITS

CAUSE

DISPOSED BY

*State of Ind. 5/18/92 Jy
Cochran, Ill. 3/14/90
Bl. 12*

Document is NOT OFFICIAL!
STOP
FILED
MAY 18 1992
VETERANS ADM. HINES, IL 60141
Lake County Recorder

STATE OF INDIANA'S S.M.U. FILE FOR RECORD

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent 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 19 1988**

SIGNED *[Signature]*

AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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