

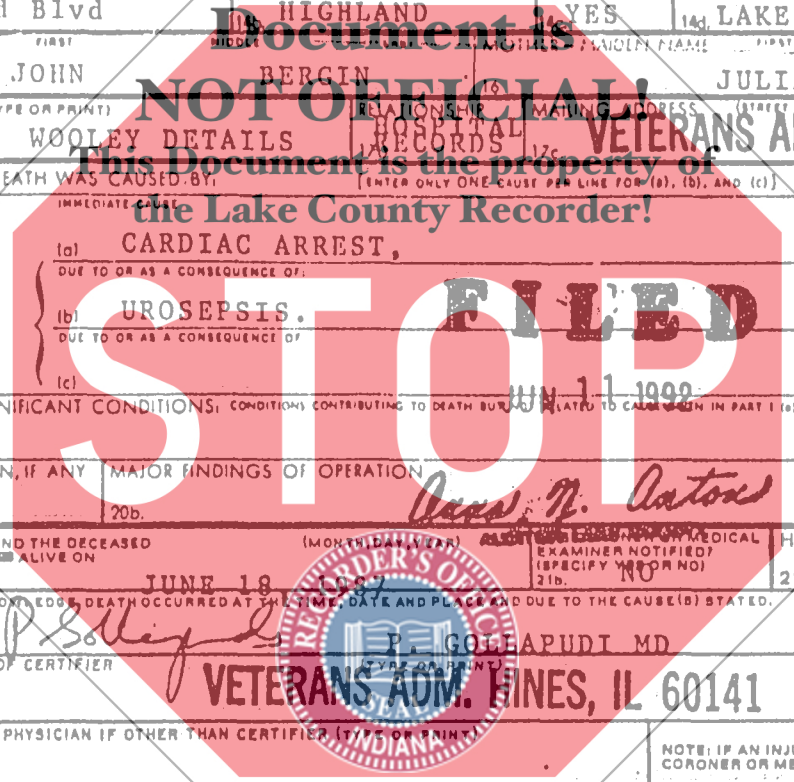
92038740

Certified Copy of a Death Record

*Blomkowski
3130 Grand Blvd
H. Landy
4/6322-
1243*

REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER 898	MEDICAL CERTIFICATE OF DEATH		
DECEASED - NAME		SEX	DATE OF DEATH
1. THOMAS V. BERGIN		2. MALE	3. JUNE 18, 1987
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		AGE - BIRTHDAY (M, D, Y)	COUNTY OF DEATH
4. White AMERICAN		5a. 70	7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE ADDRESS)	IF HOSP. OR INST. INDICATED DO A P.P. EMER. HM. INPATIENT
7b. PROVISO TOWNSHIP		7c. VETERANS ADM. HINES, IL 60141	7d. INPATIENT
STATE OF BIRTH (IF NOT U.S.A.)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
6. ILLINOIS	9. U.S.A.	10. MARRIED	11. MARGARET VONBRONK VONBARNK
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YEAR OR NO)
12. 359 09 6332	13a. JANITOR	13b. School SYSTEM	13c. YES
RESIDENCE - STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	COUNTY	STATE
14a. 3130 Grand Blvd	14b. HIGHLAND	14c. LAKE	14d. INDIANA
FATHER - NAME		MOTHER - NAME	
15. JOHN BERGIN		16. JULIA HUGHES	
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP TO DECEASED	
17a. JoANN WOOLEY		17b. SISTER	
ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	
17c. VETERANS ADM. HINES, IL 60141		17d. VETERANS ADM. HINES, IL 60141	
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) CARDIAC ARREST,			UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:			
(b) UROSEPSIS.			
DUE TO OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH IN PART I)			
20a. None			20b. None
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION
20c. None			20d. None
21a. (IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON) (MONTH, DAY, YEAR)			21b. (IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON) (MONTH, DAY, YEAR)
21a. JUNE 18, 1987			21b. JUNE 18, 1987
21c. (IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON) (MONTH, DAY, YEAR)			21d. (IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON) (MONTH, DAY, YEAR)
21c. JUNE 18, 1987			21d. JUNE 18, 1987
22a. SIGNATURE			22b. DATE SIGNED (MO., DAY, YR.)
22a. P. GOLLEPUDI MD			22b. June 18, 1987
NAME AND ADDRESS OF CERTIFIER			ILLINOIS LICENSE NUMBER
22c. VETERANS ADM. HINES, IL 60141			22d. 036-073697
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. P. GOLLEPUDI MD			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION
24a. BURIAL		24b. CAHOMET PARK	24c. MERRILLVILLE, IND
24d. FUNERAL HOME		STREET AND NUMBER OR R. F. D.	CITY OR TOWN
24d. MRAZEKA ROSS - 1706 W JACKSON Blvd - Chicago, IL 60612			24e. 6-22-87
25a. FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25a. [Signature]		25c. 5009	
26a. LOCAL REGISTRAR'S SIGNATURE		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. [Signature]		26b. June 18, 1987	

5th add.
 Rt 19, 87
 # 87-836-
 Neighbor Jun. 5th add.
 5th add.
 Rt 19, 87
 # 87-836-



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 JUN 19 1987 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. 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.