

NO. 16.10	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS	STATE FILE NUMBER 610665
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
DECEASED-NAME	FIRST	MIDDLE	LAST
1. Steve	A		Lach
SEX	DATE OF DEATH		(MONTH DAY YEAR)
2. Male	3. June 5, 1990		
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY
4. Cook	5a. 74	5b. MOS DAYS	5c. HOURS MIN
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION- NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		DATE OF BIRTH (MONTH DAY YEAR)
6a. Chicago	6b. Veterans Lakeside Medical Center		5d. January 22, 1916
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. New Jersey	8a. Married	8b. Gladys GODZA	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 312-09-7321	11a. Plant Stamping	11b. Auto	12. Elementary Secondary (0-12) College (13 or 6+)
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, OR ROAD DISTRICT NO	INSIDE CITY (YES/NO)	COUNTY
13a. 336 West Lakeview Drive	13b. Lowell	13c. Yes	13d. Lake
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Indiana	13f. 46356	14a. White	14b. ( ) NO ( ) YES SPECIFY:
FATHER-NAME	FIRST	MIDDLE	LAST
15. Joseph			Lach
MOTHER-NAME	FIRST	MIDDLE	LAST
16. Mary			REKUCKY
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Joe Lee Johnson	17b. Records	17c. 333 East Huron Street Chicago, Illinois 60611	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			APPROXIMATE INTERVAL IN HOURS BETWEEN DEATH AND EXAMINATION
Immediate Cause (Final disease or condition resulting in death)			
(a) METASTATIC TRANSITIONAL CELL CARCINOMA OF THE BLADDER			
DUE TO, OR AS A CONSEQUENCE OF			
(b)			
DUE TO, OR AS A CONSEQUENCE OF			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	19a. NO	19b.
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
21a. Veterans Affairs June 5, 1990	21b. No	21c. 5:47 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 (MONTH, DAY, YEAR)	
22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22b. 6/5/90	
	22c. Veterans Affairs Lakeside Medical Center 333 East Huron Street Chicago, Illinois 60611	ILLINOIS LICENSE NUMBER	
22d. T-023347	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. St Edwards	24c. Lowell Indiana	24d. 6-7-90
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
25a. MRAZEK & Russ Funeral Service	3601 W. DIVERSEY	CHICAGO, IL.	60647
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Thomas J. McKelvey	25c. 8573		
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. James W. Masterson M.P.H.	26b. JUN 5 1990		

Key #  
3-147-42  
JUN 06 1990

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SS

I, JAMES W. MASTERSON, M.P.H., ACTING 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.

**FILED** 96028102  
APR 29 1996  
SAM ORLICH  
CLERK FOR LAKE COUNTY

96 APR 30 AM 11:20  
MARGARET A. BENDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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

001507  
900  
Su  
0010-969 or 1710-592  
665-1727 or 696-0100  
Lowell, Indiana 46356  
162 Washington Street  
NORTHWEST INDIANA TITLE SERVICES, INC.