

DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE
NO. 111

MEDICAL CERTIFICATE OF DEATH;

603613

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 16 1994

REGISTERED NUMBER		DECEASED NAME		SEX	DATE OF DEATH
		FIRST	MIDDLE	LAST	(MONTH, DAY, YEAR)
1 MARGARET		MACKO		2 FEMALE	3 FEBRUARY 19, 1994
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YR)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4 COOK		5a	5b	5c	5d March 16, 1919
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER, GIVE STREET AND NUMBER)			IF INPAT. OR INST. INDICATE DOA (UPPER H. FOR INPATIENT (SPL. CFT))
6a CHICAGO		6b UNIVERSITY OF CHICAGO HOSPITALS			6c INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAKEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 Whiting, IN.		8a Married	9b Michael Macko		9 No
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGH SCHOOL GRADUATED)	
10 309-46-3075		11b Home		12 10	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a 2392 Wheeler		13b Gary		13c Yes	13d Lake
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN OR 1/2, OR OTHER)	OF HISPANIC ORIGIN? (SPECIFY IN SPANISH IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR OTHER)	
13a Indiana		13b 46406	14a WHITE	14b NO	
FATHER NAME		MIDDLE	LAST	MOTHER NAME	
15 Ignatus Strbiak				16 Johanna Fulla	
DECEASED'S NAME (IF NOT DECEASED)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP)		
17a HENRIETTA JOHNSON		HOSPITAL RECORDS	17c 584 Maryland CHICAGO, ILLINOIS		
18 PART I		Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as shock or respiratory arrest.			APPROPRIATELY CFTI SHALL BE PRINTED ON THIS CERTIFICATE
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) MYOCARDIAL INFARCT DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) PROBABLE SEPTIS DUE TO, OR AS A CONSEQUENCE OF			
PART II		Other signs and symptoms 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)	WAS AUTOPSY PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a		20b		19a No	19b No
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		HOUR OF DEATH		DATE SIGNED (MONTH, DAY, YEAR)	
20c YES/NO		21c 10:10 PM		22b FEBRUARY 20, 1994	
IF (H) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		ILLINOIS LICENSE NUMBER	
21a FEBRUARY 19, 1994		21b NO		22c 125-029985	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NOTE: IF AN HUNTER WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
22a SIGNATURE Rachel L. Andur		22c RACHEL L. ANDUR, MD, 5841 MARYLAND CHICAGO, ILLINOIS 60637			
22b GREGORY A. SCHMIDT, MD		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		DATE (MONTH, DAY, YEAR)	
22c		24a Burial		24b Schererville IN.	
23 GREGORY A. SCHMIDT, MD		CEMETERY OR CREMATORY NAME		CITY OR TOWN	
23a Elmwood Chapel		23b Chapel Lawn Cem.		23c Schererville IN.	
23c		LOCATION		STATE	
23d		CITY OR TOWN		DATE (MONTH, DAY, YEAR)	
23e		STREET AND NUMBER OR R.F.D.		23f Feb. 23, 94	
23g		CITY OR TOWN		STATE	
23h		FURNERAL HOME		FURNERAL DIRECTOR'S SIGNATURE	
23i		23j 11200 S. Zwing Chicago IL 60617		23k 034012243	
23l		FURNERAL DIRECTOR'S LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
23m		23n		23o FEB 22 1994	
23p		23q		23r	

I, JOYCE A. BRAUNER, MPA, 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

96029519

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Donald O'Neil
Box 128
Lowell In. 46354

000173

900
In
ck# 2917