

REGISTRATION DISTRICT NO. **16.34**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST **Antoinette Szczepanski** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **May 3, 1992**

2. COUNTY OF DEATH **Cook** AGE—LAST BIRTHDAY (YR) **66** UNDER 1 YEAR MO'S **66** UNDER 1 DAY DAYS **66** HOURS **66** MIN **66** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. March 21, 1926**

3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **6a. Harvey** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6b. Ingalls Memorial Hospital** IF HOSP. OR INST. INDICATE D O A O P/EMER. RM, INPATIENT (SPECIFY) **6c. emer. Rm.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Indiana** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **8b. Edward** WAS DECEASED EVER IN U S ARMED FORCES? (YES/NO) **9. no**

7. SOCIAL SECURITY NUMBER **10. 305-20-4699** USUAL OCCUPATION **11a. Homemaker** KIND OF BUSINESS OR INDUSTRY **11b. Home** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) **12. 12** College (1-4 or 5+) **-----**

RESIDENCE (STREET AND NUMBER) **13a. 600 Fillmore St.** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **13b. Dyer, Indiana** INSIDE CITY (YES/NO) **13c. Yes** COUNTY **13d. Lake**

STATE **13e. Indiana** ZIP CODE **13f. 1346311** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14b. No** YES SPECIFY:

FATHER—NAME FIRST MIDDLE LAST **15. Joseph Klekot** MOTHER NAME FIRST MIDDLE (MAIDEN) LAST **16. Angeline Kochman**

INFORMANT'S NAME (TYPE OR PRINT) **17a. Edward Szczepanski** RELATIONSHIP **17b. Husband** MAILING ADDRESS (STREET AND NO OR R F D, CITY OR TOWN, STATE, ZIP) **17c. 600 Fillmore Dyer, In. 46311**

18. PART I. Enter the diseases, 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 BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) **(a) MYOCARDIAL INFARCTION**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(b) HYPERTENSION**

(c) RENAL FAILURE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

FILED

DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **20b.** AUTOPSY (YES/NO) **19a. no** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **19c. no**

11(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **21a. APRIL 16, 1992** WAS A PROMOTER OR MEDICAL AUDITOR (YES/NO) **21b. yes** HOUR OF DEATH **21c. 11:56 AM**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED **22b. MAY 4, 1992**

SIGNATURE **22a. Vincent J. Sapon, M.D.** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22c. V. G. Sapon MD, 1635 - E. 154th St. Dolton, Il.** ILLINOIS LICENSE NUMBER **22d. 036-0726624**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Burial** CEMETERY OR CREMATORY—NAME **24b. Holycross Cemetery** LOCATION CITY OR TOWN STATE **24c. Calumet City, Illinois** DATE (MONTH, DAY, YEAR) **24d. May 5, 92**

FUNERAL HOME NAME **25a. Castel-Hill Funeral Home** STREET AND NUMBER OR R F D. CITY OR TOWN STATE ZIP **25b. 248-155th-P1. Calumet City, Illinois 60609**

FUNERAL DIRECTOR'S SIGNATURE **25c. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25d. 034-012243**

LOCAL REGISTRAR'S SIGNATURE **26a. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **26b. April 5, 1992**

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBORNS AND DEATHS.

DATED **MAY 05 1992** AT HARVEY, ILLINOIS. SIGNED **Dwight L. Davis** LOCAL REGISTRAR

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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FILED FOR RECORD
 LAKE COUNTY

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