

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

1 DECEASED NAME FIRST **Paul** MIDDLE **Carrol** LAST **Carrol** 2 SEX **Male** 3 DATE OF DEATH (MONTH DAY YEAR) **August 31, 1995**

4 COUNTY OF DEATH **Cook** 5a AGE LAST BIRTHDAY (YRS, Mths, DAYS, HOURS, MIN) **42** 5b UNDER 1 YEAR **5c** UNDER 1 DAY **5d** DATE OF BIRTH (MONTH DAY YEAR) **August 25, 1953**

6a **Chicago** 6b **University of Illinois Hospital** 6c **Inpatient**

7 **Gary, Indiana** 8a **Married** 8b **Linda Winston** 8c **No**

10 **307583509** 11a **Safety Supervisor Steel** 11b **Transport** 12 **12**

13a **428 Cleveland ave** 13b **Hobart** 13c **yes** 13d **Lake**

13e **Indiana** 13f **46342** 14a **White**

14b **X** NO LIVES SPECIFY: 15 FATHER-NAME FIRST MIDDLE LAST **Leonard Joseph Carrol** 16 MOTHER NAME FIRST MIDDLE LAST **Betty Jones**

17a **Essie White** 17b **Medical Record** 17c **1740 W Taylor, Chgo., ILL 60612**

18 PART I Immediate Cause (Final disease or condition resulting in death) **(a) Malignant Brain Edema** 12 Hours

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST **(b) Right Pericallosal Artery fusiform aneurysm**

(c) Subarachnoid Hemorrhage

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

19a AUTOPSY (YES/NO) **No** 19b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a DATE OF OPERATION, IF ANY 20b MAJOR FINDINGS OF OPERATION

20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21a (I/DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **August 31, 1995** 21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **No** 21c HOUR OF DEATH **09:15** A M

22a SIGNATURE **Konstantin Slavin** 22b DATE SIGNED **August 31, 1995**

22c **Konstantin Slavin MD 1740 W Taylor, Chgo., IL 60612** 22d ILLINOIS LICENSE NUMBER **125031791**

23 **James Ausman MD, Dept. of Neurosurgery**

24a BURIAL CREMATION REMOVAL (SPECIFY) **Burial** 24b CEMETERY OR CREMATORY NAME **Graceland** 24c LOCATION CITY OR TOWN STATE **Valparaiso, IN** 24d DATE (MONTH DAY YEAR) **Sept 5, 1995**

25a **Smith-Corcoran Funeral Home 6150 N. Cicero Ave. Chicago, IL 60646**

25b LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne** RSM 25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-008088**

26a DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) **SEP 5 - 1995** 26b

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

910017905
SEP 5 - 1995

I, SHEILA LYNE, RSW, 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.

STATE OF INDIANA
LAKE COUNTY
AUDITOR FOR RECORD

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



FILED

FEB 7 1997

SAM ORLICH
AUDITOR LAKE COUNTY