

Key # 44-254-8

604581

BIRTH NO. REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **DJURO RODIC** 2. **MALE** 3. **MARCH 13, 1997**

COUNTY OF DEATH AGE—LAST BIRTHDAY (Y/M/D) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **COOK** 5a. **76** 5b. **MOSES** 5c. **DAYS** 5d. **HOURS** 5e. **MIN** 6. **May 6, 1920**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY)

6a. **CHICAGO** 6b. **RESURRECTION MEDICAL CENTER** 6c. **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **Trubar, Yugoslavi** 8a. **Married** 8b. **Milka Dosen** 9. **No**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **304-34-3286** 11a. **Open-Hearth** 11b. **U.S. Steel** 12. **4th**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **265 Tyler Street** 13b. **Gary** 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. **46402** 14a. **White** 14b. **XX** 14c. **NO** 14d. **YES** SPECIFY:

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST

15. **Nikola Rodic** 16. **Jelena Rodic**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **Milka Rodic** 17b. **Wife** 17c. **265 Tyler St., Gary, IN 46402**

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) **ANEMIA** DUE TO, OR AS A CONSEQUENCE OF **ONE MONTH**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **LEUKEMIA** DUE TO, OR AS A CONSEQUENCE OF **THREE MONTHS**

(c) **APR 16 1997**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **SAM ORLICH AUDITOR LAKE COUNTY** AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

19a. **NO** 19b. **NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. **NO** 20b. **NO** 20c. **YES** **NO**

(1) (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. **MARCH 13, 1997** 21b. **NO** 21c. **8:15PM** 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 **Demetrios Petrovas MD** 22b. **MARCH 14, 1997**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. **DEMETRIOS PETROVAS MD 7447 W TALCOTT CHICAGO, IL 60621** 22d. **036-084958**

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. **NO**

BURIAL, CREMATION, REMOVAL, SPECIFY CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Mother of God** 24c. **Grayslake, Illinois** 24d. **Mar. 15, 1997**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **Edmwood Chapel 11200 S. Ewing Chicago Ill 60617**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **H. Blod** 25c. **034012243**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **Sheila Lyne** 26b. **MAR 18 1997**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 18 1997

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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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MAR 18 1997

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