

REGISTRATION DISTRICT NO 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH 608459

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 26 1998

I, SHEILA LYNE, RSM, 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.

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

DECEASED-NAME FIRST MIDDLE LAST Jr. SEX DATE OF DEATH (MONTH, DAY, YEAR) 1 John Novakowski, 2 Male 3 May 23, 1998

COUNTY OF DEATH 4 Cook AGE-LAST BIRTHDAY (YRS) 5a 62 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5b 5c 5d April 6, 1936

CITY TOWN TWP OR ROAD DISTRICT NUMBER 6a Chicago HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b Rush-Pres-St. Luke's Medical Center IF HOSP OR INST. INDICATE D O A OP EMER RM INPATIENT 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Hammond, IN MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) 8a Married NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b Rachel Florer WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) 9. Yes

SOCIAL SECURITY NUMBER 10 306-36-8863 USUAL OCCUPATION 11a Expeditor KIND OF BUSINESS OR INDUSTRY 11b Steel Company EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 14

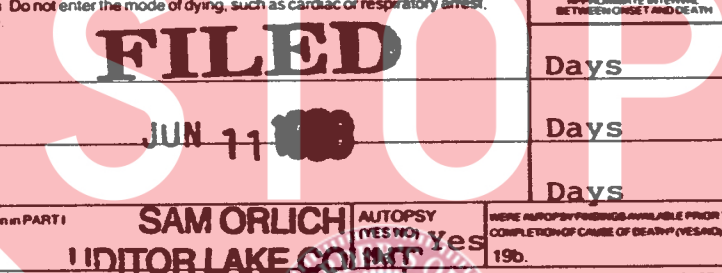
RESIDENCE (STREET AND NUMBER) 13a 7609 Kentucky Ave. CITY TOWN TWP OR ROAD DISTRICT NO 13b Hammond INSIDE CITY (YES/NO) 13c Yes COUNTY 13d Lake

STATE 13e Indiana ZIP CODE 13f 46323 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

FATHER-NAME FIRST MIDDLE LAST 15 John Novakowski MOTHER-NAME FIRST MIDDLE LAST 16 Rose Mccysne

INFORMANT'S NAME (TYPE OR PRINT) 17a Rachel Novakowski RELATIONSHIP 17b Wife MAILING ADDRESS (STREET AND NO OR R F D, CITY OR TOWN, STATE, ZIP) 17c 7609 Kentucky Ave., Hammond, IN 46323

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Peritonitis DUE TO, OR AS A CONSEQUENCE OF (b) Perforated Bowel DUE TO, OR AS A CONSEQUENCE OF (c) Ischemic Bowel DUE TO, OR AS A CONSEQUENCE OF



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

DATE OF OPERATION IF ANY 20a MAJOR FINDINGS OF OPERATION 20b IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO

21a (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON May 23, 1998 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No HOUR OF DEATH 21c 2:30P

22a SIGNATURE Dr. Jack M. Bulmash NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c Dr. Jack M. Bulmash 1653 W. Congress Pkwy Chg 1160612 DATE SIGNED (MONTH, DAY, YEAR) 22b May 25, 1998

22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22d 36-44313

23 BURIAL CREMATION, REMOVAL (SPECIFY) 24a Burial CEMETERY OR CREMATORY-NAME 24b Chapel Lawn Memorial Gardens LOCATION CITY OR TOWN STATE 24c Schererville, Indiana DATE (MONTH, DAY, YEAR) 24d May 28, 1998

FUNERAL HOME 25a Solan Funeral Home 7109 Calumet Ave., Hammond, Indiana 46324 FUNERAL DIRECTOR'S SIGNATURE 25b Dean Wagner FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-014615

LOCAL REGISTRAR'S SIGNATURE 26a Sheila Lyne, RSM DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b MAY 26 1998

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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