

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER **602194**

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 2 1994

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. LEONA RECZEK 2 FEMALE 3. JANUARY 31, 1994

COUNTY OF DEATH AGE LAST BIRTHDAY (MM/DD) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4 COOK 5a 72 5b 50 5c 5d November 12, 1921

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT EITHER, GIVE STREET AND NUMBER) IF HOME OR INST. INDICATE BOA OPERATOR OR INPATIENT (SPECIFY)
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 (MARRIED) OR WIFE WAS DECEASED EVER (YES/NO)
Hammond, Indiana 7a Married 8. Paul 9 No

SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10 313-18-4055 11a Housekeeping 11b Hotel 12 10

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a 641 Stewert ct. 13b Whiting 13c yes 13d lake

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ISPECIFY) OF HISPANIC ORIGIN? (SPECIFY YES/NO) IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.
13e Indiana 13f 6394 14a white 14b X No

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15 Robert Lewandowski 16. Hedwig Ratajczak

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP)
17a MAYBLEINE GIGGERS 17b RECORDS 17c CHICAGO, ILLINOIS 60637

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.
Immediate Cause (Final disease or condition resulting in death) (a) **Hepato-renal syndrome**
DUE TO, OR AS A CONSEQUENCE OF (b) **Hepatitis C carcinoma**
DUE TO, OR AS A CONSEQUENCE OF (c)
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
19a NO 19b.

(H/D) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON
20a JANUARY 31, 1994

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
21a. NO 21b. NO 21c. 7:00 P M

22a SIGNATURE (NAME AND ADDRESS OF CERTIFIER) (TYPE OR PRINT) 5841 SOUTH MARYLAND
22b. 02/01/94 22c. 125-026377

22c WENDY STERNBERG, MD CHICAGO, ILLINOIS 60637
22d. 125-026377

23 GREG GALLER, MD
23a. 125-026377

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a Burial 24b St. John Cemetery 24c Hammond, Indiana 24d February 3, 1994

25a Elmwood Chapel 11200 S. Ewing Chicago Illinois 60617
25b. 034-012243

25c LOCAL REGISTRAR SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25d. FEB 2 1994

I, JOYCE A. BRAWNER, 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.

9804696

Joyce A. Brawner, MPA LOCAL REGISTRAR

THIS CERTIFIED COPY IS VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED

FILED JUN 18 1994

SAM ORLICH WINDSOR LAKE CO. ILL. JUN 23 AM 9:00

STATE OF ILLINOIS
DEPARTMENT OF HEALTH - CITY OF CHICAGO
APPROVED FOR REGISTRATION
900
7/10
CK #366?

