

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL EXAMINER'S - CORONER'S  
 CERTIFICATE OF DEATH**

STATE FILE NUMBER

**2000-044908**

**326 Sep. '99** **615810**

1. DECEASED-NAME: **FELIKS SZLEMBARSKI** SEX: **MALE** DATE OF DEATH: **SEPTEMBER 19, 1999**

4. COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY (YRS): **56** DATE OF BIRTH: **JANUARY 5, 1943**

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME: **UNIVERSITY OF CHICAGO** 6c. **INPATIENT**

7. BIRTHPLACE: **POLAND** 8a. MARRIED: **MARRIED** 8b. NAME OF SURVIVING SPOUSE: **MARIA ZAWADA** 9. WAS DECEASED EVER IN U.S. ARMED FORCES?: **NO**

10. SOCIAL SECURITY NUMBER: **326 60 4220** 11a. USUAL OCCUPATION: **LABORER** 11b. KIND OF BUSINESS OR INDUSTRY: **FOOD PROCESSING** 12. EDUCATION: **12**

13a. RESIDENCE: **4104 WABASH AVENUE** 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **HAMMOND** 13c. INSIDE CITY: **YES** 13d. COUNTY: **LAKE**

13e. STATE: **INDIANA** 13f. ZIP CODE: **46327** 14a. RACE: **White** 14b. OF HISPANIC ORIGIN?: **NO**

15. FATHER-NAME: **JACOB SZLEMBARSKI** 16. MOTHER-NAME: **ANIELA HAREZA**

17a. INFORMANT'S NAME: **JERZY SZLEMBARSKI** 17b. RELATIONSHIP: **SON** 17c. MAILING ADDRESS: **4104 WABASH AVE. HAMMOND, IN. 46327**

18. PART I. Enter the diseases, injuries, 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) MULT. ORGAN SYSTEM FAILURE**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) THERMAL BURNS**  
**(c) GARAGE FIRE**

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

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED: **HOMICIDE** 20b. DATE OF INJURY: **SEPTEMBER 19, 1999** 20c. HOUR: **M.** 20d. HOW INJURY OCCURRED: **ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18.**

20e. INJURY AT WORK: **NO** 20f. PLACE OF INJURY: **FACTORY, OFFICE BUILDING, ETC.** 20g. LOCATION: **CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE** 20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: **NO**

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT... 21b. THE DECEDENT WAS PRONOUNCED DEAD ON: **SEPTEMBER 19, 1999** 21c. AT: **5:05 P.M.**

22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE: **[Signature]** 22b. DATE SIGNED: **SEPT. 21, 1999**

23a. CORONER'S PHYSICIAN'S NAME: **[Signature]** 23b. DATE SIGNED: **[Signature]**

24a. BURIAL, CREMATION, REMOVAL: **BURIAL** 24b. CEMETERY OR CREMATORY-NAME: **HOLY CROSS CEMETERY** 24c. LOCATION: **CALUMET CITY, ILLINOIS** 24d. DATE: **SEPT. 23, 1999**

25a. FUNERAL HOME: **FRANK F. OPTY F.H. 13350 SO. BALTIMORE AVE. CHICAGO, IL. 60633**

25b. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-12311**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 26b. DATE FILED BY LOCAL REGISTRAR: **SEP 22 1999**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

SEP 22 1999  
 2000 JUL 25 AM 10:23

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 ORDINANCE OF SAID LAWS AND ORDINANCES.

**FILED**

2000

**PETER BENJAMIN  
 LAKE COUNTY AUDITOR**

**Sheila Lyne RSM**  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

**Beckman Kelly Smith**  
**5920 W. Belmont Ave**  
**Chicago, IL 60632**  
**900 45465**

**01486**

**CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH**