

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE April 18, 2000

SIGNED *Nicki Cannata*
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

REGISTRATION DISTRICT NO. 16.0	STATE OF INDIANA		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
DECEASED-NAME 1. Walter J. Austgen	FIRST J.	MIDDLE Austgen	LAST Austgen
COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 5a. 82	UNDER 1 YEAR MOS 6b.	UNDER 1 DAY HOURS MIN 5c.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. South Holland	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. Manor Care		DATE OF DEATH (MONTH, DAY, YEAR) 2. Male 3. April 14, 2000
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. Estelle Brown	IF HOSP. OR INST. INDICATE D O A OP'EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
SOCIAL SECURITY NUMBER 10. 304-14-7519	USUAL OCCUPATION 11a. Plumber	KIND OF BUSINESS OR INDUSTRY 11b. Plumbing	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 College (1-4 or 5+) 0
RESIDENCE (STREET AND NUMBER) 13a. 561 Evergreen Lane	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Munster	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Lake
STATE 13e. IN	ZIP CODE 13f. 46321	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. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME 15. George Austgen	MOTHER-NAME 16. Rose Einsele	INFORMANT'S NAME (TYPE OR PRINT) 17a. Estelle Austgen	
RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 561 Evergreen LN Munster, IN 46321	
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) Alzheimer's dementia CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE (LAST) (b) (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I			AUTOPSY (YES/NO) 19a. NO
DATE OF OPERATION, IF ANY 20a.			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. N/A
MAJOR FINDINGS OF OPERATION 20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
1. (DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) 3/9/00 21a. X		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 9:10 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE → S. Patel NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. S. Patel M.D. 2605 W. Lincoln HWY Olympia Fields, IL 60461			DATE SIGNED (MONTH, DAY, YEAR) 22b. April 17, 2000 ILLINOIS LICENSE NUMBER 22d. 036-091559
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. St. Joseph Cemetery	LOCATION CITY OR TOWN STATE 24c. Hammond, IN	DATE (MONTH, DAY, YEAR) 24d. Apr. 18, 2000
FUNERAL HOME 25a. Burns-Kish Funeral Home 8415 Calumet Ave. Munster, IN 46321	NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	FUNERAL DIRECTOR'S SIGNATURE 25b. Thomas J. Ruess	
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-010026		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b.	
LOCAL REGISTRAR'S SIGNATURE 26a.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		

1528
0.5.0. # 3234