

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death 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 June 17, 1999

Signed *Nick Cannatella*

Date At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER						
DECEASED—NAME FIRST MIDDLE LAST 1. BERTRAM EDWARD KOEPKE			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. JUNE 16, 1999		
COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (YRS) MOS. DAYS 5a. 83	UNDER 1 YEAR 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. DECEMBER 30, 1915	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. PALOS COMMUNITY HOSPITAL			IF HOSP. OR INST. INDICATE D.O.A. OPER. OR PATIENT (SEE 5d) 6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. NEVER MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b.		WAS DECEASED IN U.S. ARMED FORCES? (YES/NO) 9. NO	
SOCIAL SECURITY NUMBER 10. 326-07-1576		USUAL OCCUPATION 11a. MACHINIST	KIND OF BUSINESS OR INDUSTRY 11b. MANUFACTURING	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (9-12) College (1-4 or 5-+) 12. 12 YEARS		
RESIDENCE (STREET AND NUMBER) 13a. 8800 SOUTH HARLEM LOT 2212		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. BRIDGEVIEW	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK		
STATE 13e. ILLINIS	ZIP CODE 13f. 60455	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. KUNIBERT KOEPKE		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. MAY H. HARDING				
INFORMANT'S NAME (TYPE OR PRINT) 17a. HELEN CHRISTOPHER		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 12251 SOUTH 80TH AVENUE PALOS HEIGHTS, ILLINOIS 60463			
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Cardiorespiratory & Renal Failure Hrs.		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. (b) Malignant lymphoma Yrs.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 22
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Diabetes Mellitus + Coronary Artery Disease		PART II. Other 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.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 6.15.99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 05:44A.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED 22b. 6.16.99		ILLINOIS LICENSE NUMBER 22c. 36-49644		
SIGNATURE 22a. [Signature]		NAME AND ADDRESS OF CERTIFIER 22c. 6450 COLLEGE DR. PALOS HTS IL 60463		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. H. RIZVI (MD)		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY—NAME 24b. CEDAR PARK CEM.		LOCATION CITY OR TOWN STATE 24c. CALUMET CITY, IL.
DATE (MONTH, DAY, YEAR) 24d. JUNE 19, 1999		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. SCHMAEDEKE FUNERAL HOME 10701 S. HARLEM AVE. WORTH, IL. 60482		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 10332		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		LOCAL REGISTRAR'S SIGNATURE 26a. KAREN L. SCOTT, M.D. REGISTRAR		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. June 17, 1999		

FILED JUN 17 2000

PETER BENJAMIN LAKE COUNTY AUD.

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