

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 January 17, 2001
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

SIGNED [Signature]
 Official Title Chief Deputy Registrar

REGISTRATION DISTRICT NO. 160
 REGISTERED NUMBER

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

1. COUNTY OF DEATH Cook		FIRST MIDDLE LAST Frank Slawkowski		SEX Males	DATE OF DEATH (MONTH, DAY, YEAR) January 16, 2001
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Homewood		AGE-LAST BIRTHDAY (Y/M/S) 84		UNDER 1 YEAR MONS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) MAY 24 1916
7. CHICAGO SOCIAL SECURITY NUMBER 336-01-0423		8a. MARRIED (WIDOWED, DIVORCED, SEPARATED) Married		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 2002y 045126re Centre 2002 MAY 15	
13a. RESIDENCE (STREET AND NUMBER) 9070 Dallas Place		11a. USUAL OCCUPATION Milk Driver		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Sophie Basinski MORRIS M. CARTER	
13b. STATE Indiana		13c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Crown Point		INSIDE CITY (YES/NO) Yes	
13d. ZIP CODE 46307		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		CITY Lake	
15. FATHER-NAME Francis Slawkowski		14b. MOTHER-NAME Hattie Walencziak		13d. COUNTY	
17a. INFORMANT'S NAME (TYPE OR PRINT) Bertille, Johnson		16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) Medical Records 17b. 19000 S. Halsted Homewood IL. 60430		13e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY: OF HISPANIC ORIGIN? (SPECIFY NO OR YES--IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
18. PART I Immediate Cause (Final disease or condition resulting in death) Pulmonary Embolism		17c. RELATIONSHIP Medical Records		13f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY: DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
18. PART II Enter the diseases, or complications that caused the death. Do not enter the mode of death such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Congestive Heart Failure Organic Brain Syndrome		17d. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. LAKE COUNTY ADDITION		13g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY: DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION 2001		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY: WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. December 19, 2000		21b. HOUR OF DEATH 3:25P. M.		21c. DATE SIGNED (MONTH, DAY, YEAR) January 16, 2001	
22a. SIGNATURE AND ADDRESS OF CERTIFIER [Signature]		22b. ILLINOIS LICENSE NUMBER 22d036-053493		22c. DATE (MONTH, DAY, YEAR) Jan. 20, 2001	
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) M. Serushan 19000 S. Halsted Homewood IL. 60430		22d. ILLINOIS LICENSE NUMBER 22d036-053493		22e. DATE (MONTH, DAY, YEAR) Jan. 20, 2001	
23. BURIAL CREATION, REMOVAL (SPECIFY) 24a. Burial 24b. Chapel Lawn Cemetery		23c. LOCATION Schererville, Ind.		23d. DATE (MONTH, DAY, YEAR) Jan. 20, 2001	
24a. FUNERAL HOME Elmwood Chapel 11200 South Ewing Ave Chicago, Illinois		24b. CITY OR TOWN Chicago, Illinois		24c. STATE Illinois	
25a. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25b. ILLINOIS LICENSE NUMBER 012040		25c. DATE (MONTH, DAY, YEAR) Jan. 20, 2001	
26a. LOCAL REGISTRAR SIGNATURE [Signature]		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Jan 17 2001		26c. DATE (MONTH, DAY, YEAR) Jan. 20, 2001	

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 9:00
 PM. 1.

Department of Public Health—Division of Vital Records