

H NO. 7
16.10
REGISTRATION DISTRICT NO.
REGISTERED NUMBER

STATE OF ILLINOIS
STATE FILE NUMBER
600622

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

001565

JAN 28 2002

I, JOHN L. WILHELM M.D., 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 LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

FILED
DEC 20 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

John L. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

COMMUNITY TITLE COMPANY
FILE NO 224629

MEDICAL CERTIFICATE OF DEATH

1. DECEASED--NAME FIRST MIDDLE LAST
AURELIA KOZLOWSKI

2. SEX
FEMALE

3. DATE OF BIRTH (MONTH, DAY, YEAR)
JANUARY 13, 2002

4. COUNTY OF DEATH
COOK

5. DATE OF DEATH (MONTH, DAY, YEAR)
JANUARY 13, 2002

6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
CHICAGO

7. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
THE UNIVERSITY OF CHICAGO HOSPITALS

8. HOURS (OR INST. INDICATE D.O.A. OR DEATH IN INTENSIVE UNIT) (SPECIFY)
INPATIENT

9. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) WIDOWED
WIDOWED

10. SOCIAL SECURITY NUMBER
313-14-9107

11. USUAL OCCUPATION
HOMEMAKER

12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
COLLEGE

13. RESIDENCE (STREET AND NUMBER)
8833 PIERCE DR.

14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
WHITE

15. FATHER--NAME FIRST MIDDLE LAST
GEORGE TIPLIC

16. MOTHER--NAME FIRST MIDDLE LAST
MARY DOPCEA

17. INFORMANT'S NAME (TYPE OR PRINT)
MAYBLINE GIGGERS

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.
 (a) STATUS POST CORONARY ARTERY DISEASE AND MITRAL-DUE TO OR AS A CONSEQUENCE OF
 (b) VALVE REPLACEMENT COMPLICATED SEVERE OVERWHELMING DUE TO, OR AS A CONSEQUENCE OF
 (c) SEPSIS

19. AUTOPSY (YES/NO)
NO

20. DATE OF OPERATION, IF ANY (MONTH, DAY, YEAR)
JANUARY 13, 2002

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 (a) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
NO
 (b) HOUR OF DEATH
10:50 PM
 (c) DATE SIGNED (MONTH, DAY, YEAR)
JANUARY 25, 2002

22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
KERRINGTON SMITH, MD
CHICAGO, ILLINOIS 60637

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
DAVID JAYAKAR, MD

24. BIRTHAL, CREMATION, REMOVAL, SPECIFY
BURIAL

25. FUNERAL HOME
HILF FUNERAL SERVICE 16774 DIXIE HWY. HAZEL CREST, ILL. 60429

26. LOCAL REGISTRAR'S SIGNATURE
John L. Wilhelm, M.D.

27. FUNERAL DIRECTOR'S SIGNATURE
34-11544

28. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
JAN 28 2002