

MEDICAL CERTIFICATE OF DEATH

611958

REGISTRATION NO. **16.10**
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

May 14, 1975

DECEASED—NAME **JAMES J. KODIAC** SEX **MALE** DATE OF DEATH **MAY 13, 1975** COUNTY **COOK**

1. RACE **WHITE** AGE **33** UNDER 1 YEAR **Yes** UNDER 1 DAY **2** DATE OF BIRTH **DECEMBER 2, 1941** PLACE OF DEATH **Cook**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** INSIDE CITY **Yes** HOSPITAL OR OTHER INSTITUTION—NAME **V. A. WEST SIDE HOSPITAL** (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **INDIANA** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **NEVER MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. SOCIAL SECURITY NUMBER **312-42-8847** USUAL OCCUPATION **Chemist** KIND OF BUSINESS OR INDUSTRY **Research** U.S. WAR VETERAN (YES/NO) **YES** WAR OR DATES OF SERVICE **Viet Nam Era**

12. RESIDENCE **INDIANA** STATE **INDIANA** COUNTY **LAKES** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **HANMOND** INSIDE CITY (YES/NO) **YES** STREET AND NUMBER **7418 ARIZONA**

14a. FATHER—NAME **JOSEPH KUDIAC** MOTHER—MAIDEN NAME **BERNICE JURAS**

15. INFORMANT'S SIGNATURE **JACK W. CHIDRESS** RELATIONSHIP **Hospital** MAILING ADDRESS **P.O. BOX 8195, CHICAGO, IL. 60680**

17a. DEATH WAS CAUSED BY: **BRONCHOPNEUMONIA, BILATERAL** (IMMEDIATE CAUSE) **STEPHEN R. STIGLICH** (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

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19. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. ATTENDED THE DECEASED FROM **5 6 75** TO **5 13 75** AND LAST SAW HIM/HER ALIVE ON **5 13 75** HOUR OF DEATH **4:10 A.M.**

21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

SIGNATURE **ANTONIE M. ROMER** DATE SIGNED **5 13 75** ILLINOIS LICENSE NUMBER **Permit**

22a. MAILING ADDRESS—CERTIFIER **P.O. BOX 8195, CHICAGO, IL. 60680**

23. BIRTH, CREMATION, BURIAL, OR CEMETERY OR CREMATORY—NAME **Holy Cross** LOCATION **Account City Ill.** STATE **ILL.** DATE **5-15-75**

24b. FUNERAL HOME **MRYZEK & RUSS FUNERAL SERVICE** STREET AND NUMBER OR R. F. D. **1706 W. JACKSON BLVD.** CITY OR TOWN **CHICAGO, ILL.** STATE **ILL.** DATE **60612**

25a. FUNERAL DIRECTOR'S SIGNATURE **Anthony M. Romer** ILLINOIS LICENSE NUMBER **5894**

25b. LOCAL REGISTRAR'S SIGNATURE **James J. Brant** CHICAGO BOARD OF HEALTH DATE REC'D. BY LOCAL REGISTRAR **MAY 13 1975**

VR-200 (1972) Illinois Department of Public Health, Office of Vital Records

BOARD OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

Local

I, Murray C. Brown, 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 of the City of Chicago and by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago, I do hereby certify that this accompanying certificate on this sheet is a true copy as directed kept by me in pursuance of laws and ordinances.

This Certified Copy VALID

Only When Original BLUE SEAL AND BLUE SIGNATURE Are Affixed.

Key # 32-70 41, Unit # 20
 JR Brant's Parkview Add
 Lot # 11 Block # 3 DIB
 OS