

REGISTRATION DISTRICT NO. 15.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

604360

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAR 24 2004

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

830300

DECEASED-NAME: **Macia Zeytinoglu** **Female** DATE OF DEATH: **March 22, 2004**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **COOK** AGE LAST BIRTHDAY (MOS. D. YRS.): **45** UNDER 1 YEAR: **0** HOURS: **0** MIN: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **20, 1958**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Northwestern Memorial** IF HOSP OR INST INDICATE D.O.A. OPERATOR, RN, NP, PT, OR SPECIFY ARMED FORCES? (YES/NO): **no**

7. **Macedonia** 8a. **Married** 8b. **Muri Zeytinoglu** 9. **no**

SOCIAL SECURITY NUMBER: **00-114-5731** US OCCUPATION: **Housewife** KIND OF BUSINESS OR INDUSTRY: **Home** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12** (Elementary/Secondary/0-12) College (1-4/5+1): **12** (YES/NO)

10. **514-803-5731** 11a. **Housewife** 11b. **Home** 12. **12** 13a. **1437 Somerset Dr** 13b. **Munster** 13c. **yes** 13d. **Lake**

RESIDENCE (STREET AND NUMBER): **1437 Somerset Dr** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **no**

STATE: **Indiana** ZIP CODE: **46321** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): **White** 14b. **XNO** 14c. **no** 14d. **no** 15. **Vasile** 16. **Katarina Hadjiski**

FATHER-NAME: **Vasile** MOTHER-NAME: **Katarina** (MAIDEN) LAST: **Hadjiski**

15. **Vasile** 16. **Katarina** 17a. **Jackie Smith** 17b. **Richard** 17c. **Richard** 17d. **Richard** 17e. **Richard** 17f. **Richard** 17g. **Richard** 17h. **Richard** 17i. **Richard** 17j. **Richard** 17k. **Richard** 17l. **Richard** 17m. **Richard** 17n. **Richard** 17o. **Richard** 17p. **Richard** 17q. **Richard** 17r. **Richard** 17s. **Richard** 17t. **Richard** 17u. **Richard** 17v. **Richard** 17w. **Richard** 17x. **Richard** 17y. **Richard** 17z. **Richard**

18. PART I: Immediate Cause (Final disease or condition resulting in death): **Septo meningal spread breast cancer**

18. PART II: 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. **Septo meningal spread breast cancer**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Septo meningal spread breast cancer**

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY: **09/20/04** MAJOR FINDINGS OF OPERATION: **no**

20b. DATE OF OPERATION, IF ANY: **09/20/04** MAJOR FINDINGS OF OPERATION: **no**

21a. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21b. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21c. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21d. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21e. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21f. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21g. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21h. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21i. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21j. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21k. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21l. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21m. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21n. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21o. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21p. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21q. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21r. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21s. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21t. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21u. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21v. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21w. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21x. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21y. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

21z. I (D) DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON: **March 22, 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no**

22a. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22b. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22c. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22d. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22e. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

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22r. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22s. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

22t. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

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22z. SIGNATURE: **Carlene Johnson** ILLINOIS LICENSE NUMBER: **36-18472**

23. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Calumet Park Cem.** CEMETERY OR CREMATORY-NAME: **Calumet Park Cem.** LOCATION: **Merrillville Indiana** CITY OR TOWN: **Merrillville Indiana** STATE: **Indiana** DATE (MONTH, DAY, YEAR): **26, 04**

24a. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25a. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25b. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25c. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25d. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25e. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25f. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25g. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25h. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25i. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25j. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25k. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

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25m. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25n. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25o. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25p. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25q. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25r. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25s. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

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25v. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

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25x. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25y. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

25z. BIRTHAL, CREMATION, REMOVAL, (SPECIFY): **Aero Removals** CEMETERY OR CREMATORY-NAME: **Aero Removals** LOCATION: **919 N. Garfield Lombard Illinois** CITY OR TOWN: **Lombard Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **26, 04**

26a. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26b. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26c. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26d. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26e. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26f. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

26g. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

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26z. LOCAL REGISTRAR'S SIGNATURE: **John & Wilhelm M.D.** DATE FILED BY LOCAL REGISTRAR: **034 14287**

FILED MAR 30 2006

HOLINGA KATONA LAKE COUNTY AUDITOR

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

830300

1, 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.

Somerset Add kot 137 18-38-0540-0094

John & Wilhelm, MD LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

H 11 05