

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

610497

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUL 28 2006

WILLIAM PAUL 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.

59445

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR)

1. DECEASED-NAME EDWARD A. GRABOVAC 2. SEX MALE 3. DATE OF BIRTH (MONTH, DAY, YEAR) November 1, 1927 4. DATE OF DEATH (MONTH, DAY, YEAR) JULY 26, 2006

COUNTY OF DEATH COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) THE UNIVERSITY OF CHICAGO HOSPITALS

AGE LAST BIRTHDAY (YRS) 58. 78 UNDER 1 YEAR MO. UNDER 1 DAY HO. UNDER 1 MIN. DATE OF BIRTH (MONTH, DAY, YEAR) November 1, 1927

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Whiting, IN MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Dorothy Bartilla

SOCIAL SECURITY NUMBER 305-20-3555 USUAL OCCUPATION 11a. Policeman KIND OF BUSINESS OR INDUSTRY 11b. Police Dept. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (4 or 5 Y)

RESIDENCE (STREET AND NUMBER) 13a. 1643 Park View CITY, TOWN, TWP. OR ROAD DISTRICT NO. Whiting COUNTY Lake STATE Indiana ZIP CODE 13b. 46394 13c. YES INSIDE CITY (YES/NO) YES

FATHER-NAME FIRST MIDDLE LAST 13e. Indiana 13f. 46394 14a. White 14b. X NO 14c. YES SPECIFY: MIDDLE LAST OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

15. INFORMANT NAME (TYPE OR PRINT) 16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 17a. DONNA NAVARRETE 17b. HOSPITAL RECORDS 17c. CHICAGO, ILLINOIS 60637

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) SEPTIC SHOCK DUE TO OR AS A CONSEQUENCE OF (b) MEDIASTINITIS DUE TO OR AS A CONSEQUENCE OF (c) CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. (I) (DID NOT) ATTEND THE DECEASED AND (LAST) SAW HIM/HER ALIVE ON JULY 26, 2006

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO

22a. SIGNATURE 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. CHICAGO, ILLINOIS 60637

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 23a. ROTRAMEL, ALIZAH, M.D. 23b. CHICAGO, ILLINOIS 60637

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Whiting, IN 24b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 24c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Dorothy Bartilla 24d. KIND OF BUSINESS OR INDUSTRY 24e. POLICE DEPT. 24f. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (4 or 5 Y) 24g. INSIDE CITY (YES/NO) YES 24h. COUNTY Lake 24i. STATE Indiana 24j. ZIP CODE 46394

25a. AERO REMOVALS 919 N. GARFIELD LOMBARD, ILLINOIS 60148 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. 034-014772 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 28 2006

FILED OCT 19 2006 PEGGY HOLINCA KATONA LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED. \$11 05 CPA

RECORDED & INDEXED Park View Add N 2544 Lot 20 + 515 ft of lot 21 Block 11 26-35-0230-0026

RECORDER'S OFFICE



LOCAL REGISTRAR

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH