

REGISTRATION DISTRICT NO. **1632**
REGISTERED NUMBER **755**

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK
see Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST: HELEN EVE RUTKOWSKI
SEX: 2. FEMALE
DATE OF DEATH (MONTH, DAY, YEAR): 3. SEPTEMBER 4, 2006

4. COUNTY OF DEATH: COOK
AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN.: 5a. 84
DATE OF BIRTH (MONTH, DAY, YEAR): 5d. AUGUST 04, 1922

6a. CHICAGO HEIGHTS
6b. ST JAMES HOSPITAL AND HEALTH CENTERS
6c. CCU

7. CHICAGO, ILLINOIS
8a. MARRIED
8b. THEODORE RUTKOWSKI
9. NO

10. 327-14-1549
11a. BINDER
11b. BOOK BINDING
12. 12

13a. 8146 VAN BUREN AVENUE
13b. MUNSTER
13c. YES
13d. LAKE

13e. INDIANA
13f. 46321
14a. WHITE
14b. NO YES SPECIFY:

A DECEASED

B

C

D

E

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST: STANLEY RZEPZYNSKI
16. MOTHER-NAME FIRST MIDDLE LAST: STELLA PISARSKI

17a. THEODORE RUTKOWSKI
17b. HUSBAND
17c. 8146 VAN BUREN AVE, MUNSTER, IN 46321

1

2

3

4

5

N

P

CERTIFIER

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.

Immediate Cause (Final disease or condition resulting in death):
(a) Septic shock
(b) Multisystem organ failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
(c)

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

19a. AUTOPSY (YES/NO) NO
19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. HOUR OF DEATH: 12:37 P.M.

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: [Signature]
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO
21c. DATE SIGNED: 9/11/06

22a. SIGNATURE: [Signature]
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): WASEM KHAWAJA MD, 3330 W. 177TH STREET, HAZEL CREST, IL 60429
22d. ILLINOIS LICENSE NUMBER: 036710331

23

24

25

26

DISPOSITION

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): WASEM KHAWAJA MD, 3330 W. 177TH STREET, HAZEL CREST, IL 60429

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY-NAME: HOLY CROSS CEMETERY
24c. LOCATION: CALUMET CITY, ILLINOIS
24d. DATE: SEPT. 8, 2006

25a. FUNERAL HOME: AERO REMOVALS, 919 N. GARFIELD STREET, LOMBARD, ILLINOIS 60148
25b. FUNERAL DIRECTOR'S SIGNATURE: Frank Vasichy
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-14287

26a. LOCAL REGISTRAR'S SIGNATURE: Ethel M. Taylor
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): September 12, 2006

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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: APR 08 2008 FILED
SIGNED: [Signature]
AT: CHICAGO HEIGHTS, IL 60411 JUN 24 2008 TITLE: LOCAL REGISTRAR
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR 010624

1-00
11:00
ck# 5246
6.4