

STATE OF ILLINOIS
CERTIFICATE OF DEATH

Parcel No. 45-07-28-326-016.000-026

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **604628**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **FILUMENA WOLF** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **APRIL 2, 2008**
4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **79** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **MARCH 26, 2009**
7a. CITY OR TOWN **CHICAGO** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **THE UNIVERSITY OF CHICAGO MEDICAL CENTER**
7c. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country) **EAST CHICAGO, IN.** 9. SOCIAL SECURITY NUMBER **314-26-8947** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **NONE** 12. EVER IN U.S. ARMED FORCES? Yes No
13a. RESIDENCE (Street and Number) **2720 41ST STREET** 13b. APT. NO. 13c. CITY OR TOWN **HIGHLAND** 13d. INSIDE CITY LIMITS? Yes No
13e. COUNTY **LAKE** 13f. STATE **IN.** 13g. ZIP CODE **46322** 14. FATHER'S NAME (First, Middle, Last) **EMIDIO BALESTRA** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **JOSEPHINE BENEDETTO**

16a. INFORMANT'S NAME **MAYBLEINE GIGGERS** 16b. RELATIONSHIP **HOSPITALS RECORDS** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**
17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **ST. JOHN / ST. JOSEPH** 19. LOCATION - CITY, TOWN AND STATE **HAMMOND, INDIANA** 20. DATE OF DISPOSITION (Month/Day/Year) **APRIL 7, 2008**
21a. FUNERAL HOME NAME **MRAZEK & RUSS FUNERAL SERVICE** STREET AND NUMBER **3601 W. DIVERSEY AVE.** CITY OR TOWN **CHICAGO, ILLINOIS 60647**
21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014579**
22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **APR 18 2008**

CAUSE OF DEATH (See instructions and examples)
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **RESPIRATORY FAILURE** Due to (or as a consequence of): **APR 29 2009**
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. **PAPILLARY THYROID CANCER** Due to (or as a consequence of): **PEGGY HOLINGA KATONA**
c. Due to (or as a consequence of): **LAKE COUNTY AUDITOR**

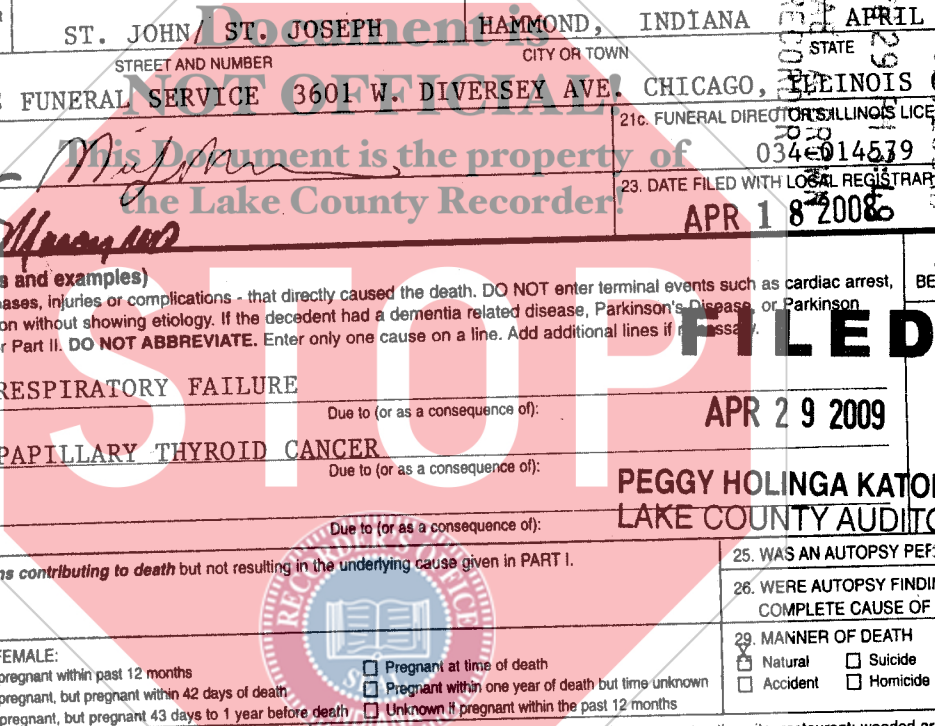
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown
 Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months
29. MANNER OF DEATH Natural Suicide Could not be determined
 Accident Homicide Pending Investigation
30. DATE OF INJURY (Month/Day/Year) **N/A** 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **4/2/2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **APRIL 2, 2008** 40. TIME OF DEATH **3:15** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **JENNIFER JESKEY-SABUDA, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637** 43. PHYSICIAN'S LICENSE NUMBER **125-049890**
44. TITLE OF CERTIFIER **MD** 45. DATE CERTIFIED (Month/Day/Year) **APRIL 16, 2008** 46. SIGNATURE OF CERTIFIER *[Signature]*

47. DECEDENT'S EDUCATION - Check the box that best describes the decedent's education. 48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes the decedent's origin. 49. DECEDENT'S RACE - Check one or more races to indicate what the decedent was.

New cert
Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 1/08)



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS AFFIXED OVER
REGISTRAR'S SIGNATURE.

[Signature]
TERRY MASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
COUNTY OF COOK

THE RECORDS OF BIRTH, DEATHS AND MARRIAGES FOR THE CITY OF CHICAGO AND NEARBY PARTS OF THE STATE OF ILLINOIS ARE KEPT AT THE CITY OF CHICAGO. THIS ACCOMPANYING CERTIFICATE IS THIS COPY OF A TRUE COPY OF A RECORD KEPT BY ME IN OBSERVANCE OF LAWS AND ORDINANCES.

-APR 18 2008

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

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