

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP - 8 AM 10:13
FILED
MICHAEL A. BROWN
REGISTRAR
SEP 04 2009

PEGGY HOLINGA KAGANA
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN
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MERIDIAN TITLE CORPORATION
HAS MADE AN ACCOMODATION
RECORDING OF THIS DOCUMENT

Key # 45-11-07-173-011,000-034

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 4 2004

I, 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.

2009 061549

John L. Wilhelm, MD
LOCAL REGISTRAR

MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.1U**
REGISTERED NUMBER **607973**

DECEASED-NAME: **Joanne Dabrowski** SEX: **female** DATE OF DEATH: **6-2-04**

CITY OF DEATH: **Chicago** DATE OF BIRTH: **5-29-1935**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME: **Ravenwood Hospital**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Harvey, IL** MARRIED, NEVER MARRIED, FOWED, DIVORCED (SPECIFY): **married**

SOCIAL SECURITY NUMBER: **[REDACTED]** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **John Dabrowski**

RESIDENCE (STREET AND NUMBER): **[REDACTED]** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Dyer** INSIDE CITY (YES/NO): **Yes**

STATE: **IN** ZIP CODE: **13146311** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **white** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

FATHER-NAME: **Andy Zacker** MOTHER-NAME: **Stella Zaczorny**

INFORMANT'S NAME (TYPE OR PRINT): **John Dabrowski** RELATIONSHIP: **HUSB** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **1605 Prairie Crossing Rd, Pk 2, IN 46311**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) Coronary atherosclerosis**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **(c) spinal surgery**

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): **Natural**

DATE OF INJURY (MONTH, DAY, YEAR): **6-2-04** HOUR: **6:20**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **Home**

LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., COUNTY, STATE): **Chicago, IL**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:

CORONER'S MEDICAL EXAMINER'S SIGNATURE: **P. D. Domingue, M.D.** DATE SIGNED: **6-3-04**

CORONER'S PHYSICIAN'S NAME (Dps or Phnt): **Tae Lyong An, M.D.** DATE SIGNED: **6-3-04**

BURIAL, CREMATION, REMOVAL (SPECIFY): **BURIAL** CEMETERY OR CREMATORY-NAME: **Holy Cross Cemetery** DATE (MONTH, DAY, YEAR): **June 2004**

FUNERAL HOME: **Schoedon-Lauer 3227 Ridge Rd Lansing IL 60438** CITY OR TOWN: **Chicago** STATE: **IL** ZIP: **60438**

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-015650**

LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUN 4 2004**