

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 18.10

LOCAL FILE NUMBER

220 May 09

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) VLADIMIR G. DEDKOV 2. SEX Male 3. DATE OF DEATH (Month/Day/Year) (Spell Month) May 13, 2009

4. COUNTY OF DEATH Cook 5a. AGE AT LAST BIRTHDAY (Years) 59 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) October 5, 1950

7a. CITY OR TOWN Chicago 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) MT. SINAI HOSPITAL

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) Belarus 9. SOCIAL SECURITY NUMBER 653-16-0797 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) Liudmila Pereteyko 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) 2450 Howard Street 13b. APT. NO. 13c. CITY OR TOWN Lake Station 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY Lake 13f. STATE IN 13g. ZIP CODE 46405 14. FATHER'S NAME (First, Middle, Last) Grigoriy Dedkov 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Eugenia Kacian

16a. INFORMANT'S NAME Liudmila Dedkov 16b. RELATIONSHIP Wife 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 2450 Howard St. Lake Station, IN 46405

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) St. Mary Russian Cemetery Gary, IN 19. LOCATION - CITY, TOWN AND STATE Gary, IN 20. DATE OF DISPOSITION (Month/Day/Year) May 18, 2009

21a. FUNERAL HOME NAME, STREET AND NUMBER, CITY OR TOWN, STATE, ZIP Corona Funeral Service, 7042 Kennedy Ave., Hammond, Indiana 46323 For Lincoln Ridge P.H., Schererville, IN

21b. FUNERAL DIRECTOR'S SIGNATURE [Signature] Jose G. Corona 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012287

22. LOCAL REGISTRAR'S SIGNATURE [Signature] 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 05 18 09

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. CORONARY THROMBOSIS Due to (or as a consequence of): b. CORONARY ATHEROSCLEROSIS Due to (or as a consequence of): c. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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 Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Pregnant within one year of death but time unknown Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Accident Homicide Could not be determined Pending Investigation

30. DATE OF INJURY (Month/Day/Year) 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 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) May 13, 2009 40. TIME OF DEATH 7:28 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) JAMES A. FILKINS, M.D., J.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705 43. PHYSICIAN'S LICENSE NUMBER

44. TITLE OF CERTIFIER THE MEDICAL EXAMINER 45. DATE CERTIFIED (Month/Day/Year) May 14, 2009 46. SIGNATURE OF CERTIFIER [Signature]

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

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

000-021
4509-18-279-005V/R200 (Rev. 7/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

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

[Signature]

1. TERRY WASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS 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 OBTAINANCE OF SAID
LAWS AND ORDINANCES.

051809

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

013125

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE