

CERTIFICATION OF VITAL RECORD

620100415

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

10. REGISTRATION DISTRICT NO **16.10**
REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1 **Andree D. O'Connor** Female 3 February 13, 2006

COUNTY OF DEATH AGE - LAST BIRTHDAY (M/D/YY) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4 **COOK** 5a **60** 5b **60** 5c **60** 5d **MARCH 31, 1945**

CITY/TOWN/TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN OTHER GIVE STREET AND NUMBER) IF HOSP OR INST, INDICATE D.O.A. OF EMER RM, INPATIENT (SPECIFY)
6a **CHICAGO** 6b **Northwestern Memorial** 6c **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)
8a **CHICAGO, ILLINOIS** 8b **MARRIED** 8b **RICHARD O'CONNOR** 9 **NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10 **602-000-6327** 11a **HOME MAKER** 11b **OWN HOME** 12 **12**

RESIDENCE (STREET AND NUMBER) CITY/TOWN/TWP OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY
13a **1162 CHERRYWOOD LANE** 13b **SCHERERVILLE** 13c **YES** 13d **LAKE**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e **INDIANA** 13f **46375** 14a **WHITE** 14b **XX NO** YES SPECIFY:

FATHER - NAME FIRST MIDDLE LAST MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST
15 **EDWIN NYKAZA** 16 **EVELYN GERLASKA**

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP)
17a **Jackie Smyth** 17b **Records** 17c **2518 HULIN CHICAGO, IL 60611**

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 brain failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death) (a) **Sepsis**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) **Septicemia**
CAUSE LAST (c) **Septicemia**

PART II Other significant conditions contributing to death but not resulting in the underlying cause (GENERAL PART II)
19a **NO** 19b **NO**

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a **NO** 20b **NO** 20c **NO**

1. (DID) (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a **Did not attend Feb 13 2006** 21b **NO** 21c **8:15A**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED
DATE SIGNED (MONTH DAY YEAR)
22a **Meredith L. Romette** 22b **Feb 13 2006**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) HIS LICENSE NUMBER
22c **Meredith Romette MD 2518 Hulin Chicago, IL** 22d **225-456-313**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL/CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a **BURIAL** 24b **CHAPEL LARN MEMORIAL GARDEN** 24c **SCHERERVILLE, INDIANA** 24d **FEB 19 2006**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
25a **MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60644**

FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b **[Signature]** 25c **034-08487**

LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a **[Signature]** 26b **FEB 14 2006**

CHICAGO TITLE INSURANCE COMPANY



015613

File at Case

426533

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

DATE ISSUED

MAR 02 2007

051494 FILED

Eric S. Whitaker M.D. STATE REGISTRAR
PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

