

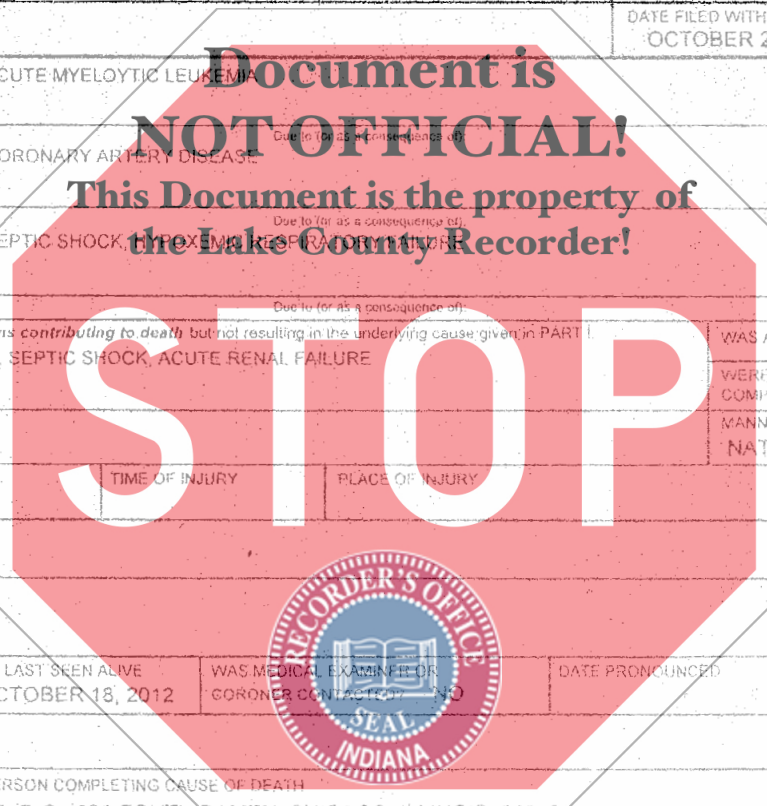
CERTIFICATION OF DEATH RECORD

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012-0078059

DATE ISSUED 10/23/2012

DECEDENT'S LEGAL NAME EUGENE PAUL SALLA		SEX MALE	DATE OF DEATH OCTOBER 18, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH MAY 30, 1951		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME VA JESSE BROWN MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE UNKNOWN, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CORIANNE HITCHCOCK	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 736 SURREY DRIVE	APT. NO. [REDACTED]	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MELVIN SALLA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANCIS CUTTER
INFORMANT'S NAME CORIANNE SALLA		RELATIONSHIP WIFE	MAILING ADDRESS 736 SURREY DRIVE, LOWELL, IN, 46356	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION OCTOBER 22, 2012	
FUNERAL HOME SWETS FUNERAL SERVICE, 115 CORA CT., THORNTON, IL, 60476				
FUNERAL DIRECTOR'S NAME RONALD SCOTT SWETS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014743	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 22, 2012	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	ACUTE MYELOIDIC LEUKEMIA		UNKNOWN
	a.	CORONARY ARTERY DISEASE		UNKNOWN
	b.	SEPTIC SHOCK, PROXIMAL RESPIRATORY FAILURE		UNKNOWN
	c.	[REDACTED]		UNKNOWN
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I CORONARY ARTERY DISEASE, SEPTIC SHOCK, ACUTE RENAL FAILURE				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? - NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 18, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:04 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 19, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JOSEPH SCHOWALTER, D.O., 820 SOUTH DAMEN, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 125057557	



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

David Orr
David Orr
Cook County Clerk

