



STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER

Form with fields for DECEASED-NAME (First: Harry, Middle: E, Last: Kozeluh), DATE OF BIRTH (March 25, 1998), DATE OF DEATH (March 25, 1998), HOSPITAL OR OTHER INSTITUTION-NAME (Alexian Brothers Hospice House), and SIGNATURE (Karen L. Wood, M.D., Registrar).

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, death, and marriage.

Signed: Yvonne McCreary

Date: MAR 31 1998

At Cook County Department of Public Health Official Title Deputy Registrar 1010 Lake Street Suite 300 Oak Park, Illinois 60301