

UNOFFICIAL COPY

Property of Cook County Clerk's Office

ADDRESS: 6123 S. Kolin Avenue, Chicago, IL 60629

P.I.N. 19-15-416-008-0000

Lot THIRTY-THREE (33) in Block ELEVEN (11) in Arthur T. McIntosh's 63RD STREET ADDITION, being a subdivision of the West One-half (W 1/2) of the South East One-quarter (SE 1/4) of section 15, Township 38 North, Range 13 East of the Third Principal Meridian, in COOK COUNTY, Illinois

LEGAL DESCRIPTION:

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

620909

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME: PATICIA A. KICK
 COUNTY OF DEATH: COOK
 DATE OF DEATH: DECEMBER 30, 2000
 SEX: FEMALE
 AGE: 64
 DATE OF BIRTH: NOV 6, 1936
 HOSPITAL/OTHER INSTITUTION: HOLY CROSS HOSPITAL
 NAME OF SURVIVING SPOUSE: EDWARD KICK
 USUAL OCCUPATION: DEPARTMENT OFFICE
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
 RACE: WHITE
 MARRIAGE STATUS: NEVER MARRIED
 RELATIONSHIP: WIFE
 MOTHER-NAME: ANNA WOSTANEC
 MAILING ADDRESS: 6123 S. Kain Chicago IL 60629
 IMMEDIATE CAUSE OF DEATH: Lung Carcinoma
 UNDERLYING CAUSE: Past obstructive Pneumonia
 OTHER SIGNIFICANT CONDITIONS: Diabetes Mellitus
 DATE OF OPERATION: 12-29-2000
 SIGNATURE: Roman Bogdan M.D.
 ADDRESS: 6222 South Pulaski Road Chicago, Ill. 60629
 BIRTHPLACE: Chicago IL
 SOCIAL SECURITY NUMBER: 341-28-6640
 RESIDENCE: 6123 S. Kain
 ZIP CODE: 60629
 FATHER-NAME: Walter
 MIDDLE: 5207
 INFORMANT'S NAME: Gene KICK
 RELATIONSHIP: SON
 MAILING ADDRESS: 6123 S. Kain Chicago IL 60629
 IMMEDIATE CAUSE OF DEATH: Lung Carcinoma
 UNDERLYING CAUSE: Past obstructive Pneumonia
 OTHER SIGNIFICANT CONDITIONS: Diabetes Mellitus
 DATE OF OPERATION: 12-29-2000
 SIGNATURE: Roman Bogdan M.D.
 ADDRESS: 6222 South Pulaski Road Chicago, Ill. 60629
 BIRTHPLACE: Chicago IL
 SOCIAL SECURITY NUMBER: 341-28-6640
 RESIDENCE: 6123 S. Kain
 ZIP CODE: 60629
 FATHER-NAME: Walter
 MIDDLE: 5207
 INFORMANT'S NAME: Gene KICK
 RELATIONSHIP: SON
 MAILING ADDRESS: 6123 S. Kain Chicago IL 60629

JAN 2 2 2001

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 OBTAINANCE OF SAID LAWS AND ORDINANCES.

John L. Wilhelm, M.D.

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

UNOFFICIAL COPY



Property of Cook County Clerk's Office