



# UNOFFICIAL COPY

paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of \_\_\_\_\_, State of \_\_\_\_\_ to wit:

LOTS 21 AND 22 IN GRASS THIRD HUMBOLDT PARK  
ADDITION TO CHICAGO IN SECTION 1, TOWNSHIP 39  
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN# 16-01-409-053-0000  
PIN# 16-01-409-054-0000

Property of Cook County Clerk's Office  
ZBAB

**UNOFFICIAL COPY**

JANUARY 23, 1973

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH  
 REGISTRATION DISTRICT NO. 16.10  
 REGISTERED NUMBER  
 DECEASED—NAME MARY OSAK  
 STATE FILE NUMBER 602461

1. RACE WHITE, NEGR., AMERICAN INDIAN, ETC. (SPECIFY) **WHITE**  
 2. SEX **FEMALE**  
 3. DATE OF BIRTH (MONTH, DAY, YEAR) **JANUARY 22, 1973**  
 4. COUNTY **Cook**  
 5. PLACE OF DEATH **Cook**  
 6. DATE OF DEATH (MONTH, DAY, YEAR) **JANUARY 22, 1973**  
 7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **FEB. 1, 1892**

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Poland**  
 9. CITIZEN OF WHAT COUNTRY **U.S.A.**  
 10. USUAL OCCUPATION **HOUSEWIFE**  
 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **NORWEGIAN AMERICAN HOSPITAL**  
 12. SOCIAL SECURITY NUMBER **319-05-5468**  
 13. KIND OF BUSINESS OR INDUSTRY **OWN HOME**  
 14. US. WAR VETERAN (YES/NO) **NO**  
 15. WAR OR DATES OF SERVICE (YES/NO) **NO**  
 16. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO**  
 17. INSIDE CITY (YES/NO) **YES**  
 18. STREET AND NUMBER **1040 N. ROCKWELL**

19. RESIDENCE **ILLINOIS**  
 20. COUNTY **COOK**  
 21. MOTHER—MAIDEN NAME **UNK**  
 22. FATHER—NAME **LOUIS ZAJAC**  
 23. INFORMANT'S SIGNATURE **Anna Zajak**  
 24. RELATIONSHIP **RECORDS**  
 25. ADDRESS (STREET AND NO. OR R. F. NO., CITY OR TOWN, STATE, ZIP) **1044 N. FRANCISCO ST.**

26. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  
 (a) IMMEDIATE CAUSE **Cerebral Vascular Accident**  
 (b) DUE TO OR AS A CONSEQUENCE OF **Hypertension**  
 (c) DUE TO OR AS A CONSEQUENCE OF **Diabetes Mellitus**  
 27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **7 Days**

28. PART II. OTHER SIGNIFICANT CONDITION(S), CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a) AUTOPSY (YES/NO) **NO**  
 (b) IF YES, WERE FINDINGS REPORTED IN DETERMINING CAUSE OF DEATH **NO**  
 29. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

30. I ATTENDED THE DECEASED FROM **1/15/73** TO **1/22/73** (IF I DID NOT SEE HIM, ENTER "LIVE ON")  
 31. HOUR OF DEATH **2:00 A.M.**  
 32. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.  
 33. SIGNATURE **M.J. Galletta M.D.** DATE SIGNED **1/22/73** ILLINOIS LICENSE NUMBER **23101**

34. MAILING ADDRESS—CERTIFIER **2336 W. Chicago Ave Chicago Ill 60632** CITY OR TOWN **Chicago** STATE **Ill** ZIP **60632**  
 35. BURIAL CEMETERY OR CREMATORIAL NAME **ALL SAINTS POLISH** LOCATION **LYDEN TOWNSHIP** CITY OR TOWN **CHICAGO** STATE **ILL** DATE **JANUARY 24, 1973**

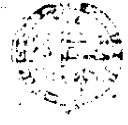
36. FUNERAL HOME NAME **KAPPA FUNERAL HOME** STREET AND NUMBER OR R. F. D. **2331 W. CHICAGO AVE** CITY OR TOWN **CHICAGO** STATE **ILL** ZIP **60632**  
 37. FUNERAL DIRECTOR'S SIGNATURE **Henry C. Brown** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **6582**

38. LOCAL REGISTRAR'S SIGNATURE **Henry C. Brown** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JAN 23 1973**  
 39. CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105, Concourse Level I, Chicago 60602-266.  
 40. ILLINOIS Department of Public Health, Office of Vital Records  
 41. BASED ON 1968 U.S. STANDARD CERTIFICATE (REG. NO. 0320548072) PAGE 3 OF 3

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO } SS

I, Murrey C. Brown, 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 of the City of Chicago and 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
 Only When Original BLUE  
 SEAL AND BLUE SIGNATURE  
 Are Affixed.



*Henry C. Brown*  
 LOCAL REGISTRAR