



# UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

IRTH NO. 10.1U

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

*618227*

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
**DEC 04 2002**

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 LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME FIRST MIDDLE LAST <b>JOHN SARVADY</b>	SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 NOVEMBER 28, 2002</b>
COUNTY OF DEATH <b>COOK</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. MAY 15, 1917</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. 2107 N. NEVA</b>	IF HOSP. OR INST. INDICATE D.O.A. OF PATIENT (SPECIFY) <b>6c.</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>UKRAINE</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. STEFFI DEBIC</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>
SOCIAL SECURITY NUMBER <b>10. 345-30-2658</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. ENGINEERING</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (8-12) College (14 or 16) <b>12. 2+</b>
RESIDENCE (STREET AND NUMBER) <b>13a. 2107 N. NEVA</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. CHICAGO</b>	COUNTY <b>13c. COOK</b>
STATE <b>13e. ILLINOIS</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>14a. WHITE</b>	
FATHER-NAME FIRST MIDDLE LAST <b>15. JOZEF SARVADY</b>	MOTHER-NAME FIRST MIDDLE LAST <b>16. TEREZIA</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. STEFFI SARVADY</b>	RELATIONSHIP <b>17b. WIFE</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 2107 N. NEVA CHICAGO, IL 60707</b>
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. <b>(a) Carcinoma of the Lung</b> DUE TO, OR AS A CONSEQUENCE OF <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) Renal Insufficiency</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
DATE OF OPERATION, IF ANY <b>20a. 20b.</b>	MAJOR FINDINGS OF OPERATION <b>20c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>21c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>
19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>SEPTEMBER 24, 2002</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. 200</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>21c. 28 NOV 2002</b>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. KEVIN C. MAGUIRE 6150 NORTH AVENUE RIVERVIEW PARK IL 60660</b>	ILLINOIS LICENSE NUMBER <b>22d. 36-48870</b>	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. BURIAL CREMATION, REMOVAL (SPECIFY) <b>24a. ELMWOOD CEMETERY</b>	CEMETERY OR CREMATORY-NAME <b>24b. RIVER GROVE, ILLINOIS</b>	DATE (MONTH, DAY, YEAR) <b>24d. 12-03-02</b>
FUNERAL HOME <b>25a. MUZYRA FUNERAL HOME</b>	STREET AND NUMBER OR R.F.D. <b>2157 W. CHICAGO AVE. CHICAGO, ILLINOIS 60622</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011549</b>
FUNERAL DIRECTOR'S SIGNATURE <i>Muzyra</i>	FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm MD</i>	DATE FILED IN LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 04 2002</b>
LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm MD</i>	LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm MD</i>	