



# UNOFFICIAL COPY

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, stillbirth and death.

Date **MAR 17 1995**

Signed *Nadine Mc Curry*

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

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 100  
 REGISTERED NUMBER 100

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)  
1. Michael J. Sepot Male 2. Male 3. March 18, 1995

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER CASE, STREET AND NUMBER)  
4. Cook 5a. 72 5b. 10 5c. 10 5d. 10 5e. 10 5f. 10 5g. 10 5h. 10 5i. 10 5j. 10 5k. 10 5l. 10 5m. 10 5n. 10 5o. 10 5p. 10 5q. 10 5r. 10 5s. 10 5t. 10 5u. 10 5v. 10 5w. 10 5x. 10 5y. 10 5z. 10

8. Hoffman Estates 9. Hoffman Estates Medical Center  
 10. Poland 11. Married 12. Never Married 13. Widowed 14. Divorced 15. Specific

16. 10503-30-2355 17. 11a. Pipefitter 18. 11b. Steel cv. 19. 12 20. 12 21. 12 22. 12 23. 12 24. 12 25. 12 26. 12 27. 12 28. 12 29. 12 30. 12 31. 12 32. 12 33. 12 34. 12 35. 12 36. 12 37. 12 38. 12 39. 12 40. 12 41. 12 42. 12 43. 12 44. 12 45. 12 46. 12 47. 12 48. 12 49. 12 50. 12 51. 12 52. 12 53. 12 54. 12 55. 12 56. 12 57. 12 58. 12 59. 12 60. 12 61. 12 62. 12 63. 12 64. 12 65. 12 66. 12 67. 12 68. 12 69. 12 70. 12 71. 12 72. 12 73. 12 74. 12 75. 12 76. 12 77. 12 78. 12 79. 12 80. 12 81. 12 82. 12 83. 12 84. 12 85. 12 86. 12 87. 12 88. 12 89. 12 90. 12 91. 12 92. 12 93. 12 94. 12 95. 12 96. 12 97. 12 98. 12 99. 12 100. 12

19a. 107 Heather Lane 19b. Streamwood 19c. 13b. Streamwood 19d. 11b. Steel cv. 19e. 12 19f. 12 19g. 12 19h. 12 19i. 12 19j. 12 19k. 12 19l. 12 19m. 12 19n. 12 19o. 12 19p. 12 19q. 12 19r. 12 19s. 12 19t. 12 19u. 12 19v. 12 19w. 12 19x. 12 19y. 12 19z. 12

20. Illinois 21. 190107 22. White 23. White 24. White 25. White 26. White 27. White 28. White 29. White 30. White 31. White 32. White 33. White 34. White 35. White 36. White 37. White 38. White 39. White 40. White 41. White 42. White 43. White 44. White 45. White 46. White 47. White 48. White 49. White 50. White 51. White 52. White 53. White 54. White 55. White 56. White 57. White 58. White 59. White 60. White 61. White 62. White 63. White 64. White 65. White 66. White 67. White 68. White 69. White 70. White 71. White 72. White 73. White 74. White 75. White 76. White 77. White 78. White 79. White 80. White 81. White 82. White 83. White 84. White 85. White 86. White 87. White 88. White 89. White 90. White 91. White 92. White 93. White 94. White 95. White 96. White 97. White 98. White 99. White 100. White

21a. Josef 21b. Sepot 21c. Sepot 21d. Sepot 21e. Sepot 21f. Sepot 21g. Sepot 21h. Sepot 21i. Sepot 21j. Sepot 21k. Sepot 21l. Sepot 21m. Sepot 21n. Sepot 21o. Sepot 21p. Sepot 21q. Sepot 21r. Sepot 21s. Sepot 21t. Sepot 21u. Sepot 21v. Sepot 21w. Sepot 21x. Sepot 21y. Sepot 21z. Sepot

22. 17a. Maria 22a. Sepot 22b. 17b. wife 22c. 17c. 107 Heather Ln. Streamwood 22d. 11 22e. 60107 22f. 11 22g. 11 22h. 11 22i. 11 22j. 11 22k. 11 22l. 11 22m. 11 22n. 11 22o. 11 22p. 11 22q. 11 22r. 11 22s. 11 22t. 11 22u. 11 22v. 11 22w. 11 22x. 11 22y. 11 22z. 11

23. Immediate Cause (Final disease or condition resulting in death)  
Acute Myocardial Infarction

24. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
Acute Myocardial Infarction

25. DATE OF OPERATION, IF ANY  
February 3, 1995

26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  
Warren Pierce - 1555 N. Barrington - Hoffman Estates

27. NAME AND ADDRESS OF CERTIFIER  
Warren Pierce

28. NAME OF BURIAL HOME  
Nicholas M. Pishos Funeral Home Ltd. 1857 N. Harlem Ave. Chicago, Ill, 60635

29. BURIAL, CREMATION, REMOVAL, (SPECIFY)  
Burial

30. LOCAL REGISTRAR'S SIGNATURE  
*[Signature]*

31. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)  
MAR 20 1995