

Certified Copy of a Death Record

STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT CERTIFICATE

REGISTRATION DISTRICT NO. 16. 92

TEMPORARY CERTIFICATE

REGISTERED NUMBER 1219

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
SAUNDERS E ZAKROCYMSKI 2. MACE 3. SEPT 29 2004

1. COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 5a. 51 5b. 51 5c. 51 5d. Sept. 26, 1953

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED D.O.A., OP-EMER. RM. INPATIENT (SPECIFY)
44th/100th Proviso Twp 6b. COYOLA U. MED CNTR 6c. INPT

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
Chicago, IL 8a. Married 8b. Denise Remp 9. No

7. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
335-44-4033 11a. Machinist 11b. Tool & Dye 12. 12

10. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
6950 W. 30th Place 13b. Berwyn 13c. Yes 13d. Cook

13a. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE 14b. NO YES SPECIFY:
Illinois 13f. 60402 14a. WHITE 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
n/a Wojciechowski 16. Mary Jones

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

15. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Denise Zakroczymski 17b. Wife 17c. 6950 W. 30th Pl., Berwyn, IL 60402

17a. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) CRANIO-CEREBRAL INJURIES
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) FALL
 STATING THE UNDERLYING CAUSE LAST. (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

19a. AUTOPSY (YES/NO) YES 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO

N. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 20d.)
HOMICIDE 20b. Sept 18 2004 20c. 5:45 P.M. 20d. FALL DURING ALTERCATION

P. INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, TOWN, OR ROAD DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
NO 20f. HOME-GANGWAY 20g. Berwyn Cook ILLINOIS 20h. YES NO

H.G. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...
 21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE 21b. THE DECEASED WAS PRONOUNCED DEAD ON...
P.J. Donoghue, M.D. 21c. Sept 29 2004

RIF. DATE SIGNED (MONTH, DAY, YEAR) 21c. 7:10 P

UNK. DATE SIGNED (MONTH, DAY, YEAR) 22b. Sept 30, 2004

CERTIFIER. CORONER'S PHYSICIAN'S NAME (Type or Print) 22a. ALDO J. FUSARO, D.O. 23b. DATE SIGNED (MONTH, DAY, YEAR)

DISPOSITION. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. Burial 24b. Queen of Heaven 24c. Hillside, Illinois 24d. Oct 4 2004

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. J. Linhart & Sons 6820 West Cermak Road, Berwyn, Illinois 60402-2277 25c. 11644

FUNERAL DIRECTOR'S SIGNATURE 25b. Jan J Linhart 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. Michael A. McDermott BROADVIEW ILLINOIS 60155 26b. October 4, 2004

LOCAL REGISTRAR'S SIGNATURE (BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE NOV 17 2004 SIGNED Michael A. McDermott

AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.