



# UNOFFICIAL COPY

## CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER

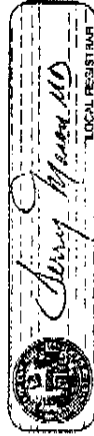
STATE OF ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
**05032**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
**APR 19 2007**

I, **TEAR, MASON 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. COUNTY OF DEATH <b>Cook</b>	2. SEX <b>Male</b>	3. DATE OF DEATH <b>April 11, 2007</b>
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>	5a. UNDER 1 YEAR <b>94</b>	5b. DATE OF BIRTH <b>July 14, 1912</b>
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago</b>	6b. MARRIED NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>	6c. EMERGENCY ROOM (YES/NO) <b>Emergency Room</b>
7. SOCIAL SECURITY NUMBER <b>339-40-2600</b>	8. USUAL OCCUPATION <b>Draftsman</b>	9. NAME OF SURVIVING SPOUSE (MIDDLE NAME IF WIFE) <b>Does Not Apply</b>
10. RESIDENCE (STREET AND NUMBER) <b>6521 W. Belle Plaine Avenue</b>	11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>	11b. NUCLEAR PLANT (YES/NO) <b>No</b>
13a. STATE <b>Illinois</b>	13b. ZIP CODE <b>60634</b>	13c. COUNTY <b>Cook</b>
FATHER-NAME FIRST MIDDLE LAST <b>Wojciech Niedbala</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) <b>White</b>	14b. MOTHER-NAME FIRST MIDDLE LAST <b>Malgorzata Wajchowskiak</b>
15. INFORMANT'S NAME (TYPE OR PRINT) <b>Anna M. Knap</b>	16. RELATIONSHIP <b>Niece</b>	17b. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>17c. 6521 W. Belle Plaine Chicago, IL. 60634</b>
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) END STAGE HEART FAILURE (b) ESSENTIAL HYPERTENSION, COMIT (c) CHRONIC LYMPHOCYTIC LEUKEMIA</b>		
19. PART II. Other diseases or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, between cause and cause.		
20b. DATE OF OPERATION, IF ANY <b>03/29/2007</b>		
21a. TO THE BEST OF MY KNOWLEDGE, WITH OCCURRENCE AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>Gregory M. Bulava, M.D.</b>		
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Gregory M. Bulava, M.D. 5509 W. Montrose Chicago, IL. 60641</b>		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Gregory M. Bulava, M.D.</b>		
24a. BURIAL LOCATION <b>Maryhill Cemetery</b>		
24b. CITY OR TOWN <b>Niles, Illinois</b>		
24c. STATE <b>Illinois</b>		
24d. DATE (MONTH, DAY, YEAR) <b>April 16, 2007</b>		
25a. FUNERAL HOME <b>Lawrence Funeral Home</b>		
25b. FUNERAL DIRECTOR'S SIGNATURE <b>Stephanie Brown</b>		
25c. FEMERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015686</b>		
26a. LOCAL REGISTRAR'S SIGNATURE <b>Tear Mason</b>		
26b. DATE (MONTH, DAY, YEAR) <b>APR 19 2007</b>		

VR200 (Rev. 5-99)