

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 this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

UNOFFICIAL COPY

DATE OCT 12 1994 SIGNED James E Zelbo REGISTRAR
AT JOLIET, ILLINOIS 60438 Address: OFFICIAL TITLE

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 the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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STATE OF ILLINOIS
STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. _____
REGISTRATION DISTRICT NO. **990**
REGISTERED NUMBER _____
DECEASED NAME: **Pearl** FIRST MIDDLE LAST
SEX: **Female**
DATE OF DEATH (MONTH, DAY, YEAR): **October 5, 1994**

1 COUNTY OF DEATH: **Will**
2 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Joliet**
3 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER GIVE ST. AND NUMBER): **Silver Cross Hospital**
4 IF HOSP OR INST. INDICATE I.O.A. OR OTHER TAKING (SPECIFY): **Inpatient**

5 AGE LAST BIRTHDAY (YRS, MOS, DAYS): **87**
6 DATE OF BIRTH (MONTH, DAY, YEAR): **December 14, 1906**
7 SOCIAL SECURITY NUMBER: **10 360-24-0898**
8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed**
9 NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, IF WIFE): **None**

10 RESIDENCE (STREET AND NUMBER): **1000 Hermes Street**
11 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Lemont**
12 INSIDE CITY (YES/NO): **Yes**
13 STATE: **Illinois** ZIP CODE: **60439**
14 RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, OTHER SPECIFY): **White**
15 FATHER NAME: **Stanely Kunkel** MOTHER NAME: **Josephine Skowonski**

16 RELATIONSHIP: **Daughter** 17b ADDRESS: **17145 - 119th St., Lemont, IL 60439**
18 PART I: Immediate Cause (Final disease or condition resulting in death): **Myocardial infarction**
19 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Myocardial infarction - respiratory distress**

20 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: **Pneumonia embolism (?)**
21 DATE OF OPERATION, IF ANY: **None**
22 MAJOR FINDINGS OF OPERATION: **None**

23 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **10-5-94**
24 NAME AND ADDRESS OF CERTIFIER: **Dr. David D. Muro MD 300 Read St. Lockport, IL**
25 TYPE OF CERTIFIER: **Physician**

26 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Dr. David D. Muro MD 300 Read St. Lockport, IL**
27 ILLINOIS LICENSE NUMBER: **036045463**

28 BIRTH CREMATION REMOVAL (SPECIFY): **Burial**
29 FUNERAL HOME: **Mackiewicz Funeral Home, 108 Illinois Street, Lemont, Illinois 60439**
30 FUNERAL DIRECTOR'S SIGNATURE: **James E Zelbo**

31 LOCAL REGISTRAR'S SIGNATURE: **James E Zelbo**
32 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 12 1994**