



**UNOFFICIAL COPY**

**VILLAGE OF MELROSE PARK  
MELROSE PARK, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0045426

DATE ISSUED 06/27/2011

DECEDENT'S LEGAL NAME KARL FINK		SEX MALE	DATE OF DEATH JUNE 16, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH NOVEMBER 22, 1920		
CITY OR TOWN MELROSE PARK		HOSPITAL OR OTHER INSTITUTION NAME 907 N 11TH AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MELROSE PARK, IL	SOCIAL SECURITY NUMBER 328-18-6672	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ROBIN STINEKRAUS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 907 N 11TH AVENUE	APT. NO.	CITY OR TOWN MELROSE PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60160	FATHER'S NAME KARL FINK	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARIE KARLE
INFORMANT'S NAME ROBIN FINK	RELATIONSHIP WIFE	MAILING ADDRESS 907 N 11TH AVENUE, MELROSE PARK, IL, 60160		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GLEN OAK CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JUNE 20, 2011	
FUNERAL HOME BORMANN FUNERAL HOME, 1600 CHICAGO AVENUE, MELROSE PARK, IL, 60160				
FUNERAL DIRECTOR'S NAME RICHARD M BACZAK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010371		
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO SALEMI		DATE FILED WITH LOCAL REGISTRAR JUNE 17, 2011		
CAUSE OF DEATH PART I. LUNG NEOPLASM MALIGNANT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	WEEKS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)			YEARS	
a. _____ Due to (or as a consequence of):				
b. CORONARY ARTERY DISEASE _____ Due to (or as a consequence of):				
c. _____ Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE	MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 09, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 16, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PATEL, DILIP, 675 W NORTH AVENUE, MELROSE PARK, ILLINOIS, 60160			PHYSICIAN'S LICENSE NUMBER 036052879	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Mary Ann Paolantonio Salemi*  
Mary Ann Paolantonio Salemi  
Melrose Park Village Clerk and Local Registrar

