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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0083806

DATE ISSUED 11/6/2013

DECEDENT'S LEGAL NAME JANUSZ LUCZKOWSKI		SEX MALE	DATE OF DEATH NOVEMBER 02, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 51 YEARS	DATE OF BIRTH MAY 10, 1962		
CITY OR TOWN GLENVIEW		HOSPITAL OR OTHER INSTITUTION NAME GLENBROOK HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EWA PRZEKLASA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1430 SANDSTONE DRIVE	APT. NO. 315	CITY OR TOWN WHEELING	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60090	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN LUCZKOWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA LITWINCZUK
INFORMANT'S NAME EWA PRZEKLASA		RELATIONSHIP WIFE	MAILING ADDRESS 1414 NORTH SAULK LAKE, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMWOOD, IL	DATE OF DISPOSITION NOVEMBER 06, 2013	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME KATARZYNA BEATA MOLEK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016706	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 6, 2013	
CAUSE OF DEATH PART I. CARDIOPULMONARY ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a.		Due to (or as a consequence of):		UNKNOWN
b. ASCITES, HYDROTHORAX, SEPSIS		Due to (or as a consequence of):		UNKNOWN
c. ALCOHOLIC LIVER DISEASE		Due to (or as a consequence of):		UNKNOWN
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:20 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 05, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SYED MAHMOODA, 2100 PFINGSTON RD, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036131490	

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.

David Orr

David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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LOT 100 IN WOODVIEW MANOR UNIT NO. 1, A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHEAST 1/2 OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

1414 N. Sauk Lane
Mount Prospect IL 60056

PIN 1: 03-25-207-003-0000

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