

UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

| | | | | | |
|---|---------------------------------|---|--|---|--|
| STATE FILE NUMBER 2013 0098901 | | | | DATE ISSUED 12/31/2013 | |
| DECEDENT'S LEGAL NAME MICHAEL A GROCHOWIAK | | | SEX MALE | DATE OF DEATH DECEMBER 28, 2013 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 66 YEARS | DATE OF BIRTH MARCH 01, 1947 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME 2336 W PALMER | | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | |
| BIRTHPLACE CHICAGO, IL | | SOCIAL SECURITY NUMBER 353-40-3324 | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GAIL CULLEN | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 2336 W PALMER | | | APT. NO. | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES |
| COUNTY COOK | STATE IL | ZIP CODE 60647 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDWARD GROCHOWIAK | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARRIE DYDA |
| INFORMANT'S NAME GAIL CULLEN GROCHOWIAK | | RELATIONSHIP WIFE | MAILING ADDRESS 2336 W PALMER, CHICAGO, IL, 60647 | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION MORGAN CREMATION SERVICES | LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL | DATE OF DISPOSITION DECEMBER 31, 2013 | |
| FUNERAL HOME COLONIAL-WOJCIECHOWSKI FH, 6250 N. MILWAUKEE AVENUE, CHICAGO, IL, 60646 | | | | | |
| FUNERAL DIRECTOR'S NAME ALLAN OSTROWSKI | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015127 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR DECEMBER 31, 2013 | | |
| CAUSE OF DEATH | | PART I. PANCREATIC CANCER | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ Due to (or as a consequence of): | | | |
| | | b. _____ 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 | |
| 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? NO | DATE LAST SEEN ALIVE UNKNOWN | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 08:15 AM | |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED DECEMBER 31, 2013 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANDREA BIAL, MD, 833 W CHICAGO AVE, CHICAGO, ILLINOIS, 60642 | | | | PHYSICIAN'S LICENSE NUMBER 036-099974 | |



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