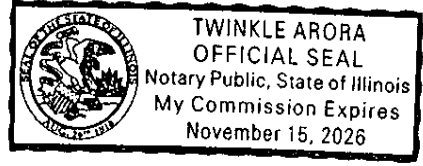


UNOFFICIAL COPY

Subscribed and sworn before me
this 20th day of December 2023.



[Handwritten Signature]

 Affiant's Signature

[Handwritten Signature]

 Notary Public

Mail to/Prepared by: Att. Cori F. Brown, My Estate Matters, 6767 N. Milwaukee Ave., Suite 202, Niles, IL 60714

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2023 0097512

DATE ISSUED 11/30/2023

DECEDENT'S LEGAL NAME ALEKSANDER ROZENSTRAUCH			SEX MALE	DATE OF DEATH NOVEMBER 16, 2023	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH APRIL 08, 1947	
CITY OR TOWN WHEELING			HOSPITAL OR OTHER INSTITUTION NAME 100 PRAIRIE PARK DR #511		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER 339-48-9681	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GRAZYNA K WATRAS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 100 PRAIRIE PARK DR		APT. NO. 511	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 HENRYK ROZENSTRAUCH		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LENA GEPPERT
INFORMANT'S NAME GRAZYNA K ROZENSTRAUCH		RELATIONSHIP WIFE		MAILING ADDRESS 100 PRAIRIE PARK DR WHEELING, IL 60090	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TWIN PINES CREMATORY		LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION
FUNERAL HOME ELEGY CREMATION AND MEMORIAL SERVICES 3400 W STONEGATE BLVD, ARLINGTON HEIGHTS, IL, 60005					
FUNERAL DIRECTOR'S NAME WILLIAM DAKOTA HAMILTON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017138	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 30, 2023	
CAUSE OF DEATH - PART I: PANCREATIC CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. Due to (or as a consequence of)			
		c. Due to (or as a consequence of)			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY				MANNER OF DEATH NATURAL	
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 09:00 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 22, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHEVRIN, DANIEL, 4901 SEARLE PARKWAY, SLEEPY HOLLOW, ILLINOIS, 60077				PHYSICIAN'S LICENSE NUMBER 038059734	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



2874317