



UNOFFICIAL COPY

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

STATE FILE NUMBER 2023 0062734

DATE ISSUED 8/3/2023

DECEDENT'S LEGAL NAME <b>MICHAEL D PECORELLI JR</b>		SEX <b>MALE</b>	DATE OF DEATH <b>JULY 31, 2023</b>																					
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>66 YEARS</b>	DATE OF BIRTH <b>JANUARY 15, 1957</b>																						
CITY OR TOWN <b>ROLLING MEADOWS</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>4507 MAGNOLIA DRIVE</b>																						
PLACE OF DEATH <b>DECEDENT'S HOME</b>																								
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>MELINDA BORK</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>																				
RESIDENCE <b>4507 MAGNOLIA DRIVE</b>		APT. NO.	CITY OR TOWN <b>ROLLING MEADOWS</b>	INSIDE CITY LIMITS? <b>YES</b>																				
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60008</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>MICHAEL D PECORELLI SR</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>JOYCE A EHRHARDT</b>																				
INFORMANT'S NAME <b>MELINDA PECORELLI</b>		RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS <b>4507 MAGNOLIA DRIVE, ROLLING MEADOWS, IL 60008</b>																					
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>MONTE EMBLEM CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>ELMHURST, IL</b>	DATE OF DISPOSITION <b>AUGUST 07, 2023</b>																					
FUNERAL HOME <b>MEADOWS FUNERAL HOME, 3615 KIRCHOFF ROAD, ROLLING MEADOWS, IL 60008</b>																								
FUNERAL DIRECTOR'S NAME <b>MELISSA ANN NELSON</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034015281</b>																					
LOCAL REGISTRAR'S NAME <b>KAREN A YARBROUGH</b>			DATE FILED WITH LOCAL REGISTRAR <b>AUGUST 3, 2023</b>																					
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 5%;">PART I</td> <td style="width: 60%;">MALIGNANT NEOPLASM OF THE PYRIFORM SINUS</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td><small>Due to (or as a consequence of)</small></td> <td></td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td><small>Due to (or as a consequence of)</small></td> <td></td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I	MALIGNANT NEOPLASM OF THE PYRIFORM SINUS			IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.					b.	<small>Due to (or as a consequence of)</small>				c.	<small>Due to (or as a consequence of)</small>		
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PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <b>NO</b>																					
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>																					
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>																					
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? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>07:00 PM</b>																				
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>AUGUST 01, 2023</b>																					
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>STEVEN SABATH DO, 405 LAKE ZURICH ROAD, BARRINGTON, ILLINOIS, 60010</b>			PHYSICIAN'S LICENSE NUMBER <b>036 107734</b>																					

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

2647183



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  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE