

UNOFFICIAL COPY

RETURN TO:

STEPHANIE W. GAWLIK
2930 North Melvina Avenue
Chicago, Illinois 60634

Property of Cook County Clerk's Office

95622908

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER 609067

March 29, 1973

STATE OF ILLINOIS }
COUNTY OF COOK }
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.



Murray C. Brown
LOCAL REGISTRAR

REGISTRATION NUMBER 16.10
DECEASED—NAME Joseph
LAST FIRST MIDDLE J. Gawlik
SEX Male
DATE OF BIRTH March 28, 1973
PLACE OF BIRTH Chicago, Cook

DATE OF DEATH March 28, 1973
PLACE OF DEATH Chicago, Cook
HOSPITAL OR OTHER INSTITUTION—NAME D.O.A. Northwest Hospital
MARRIED, NEVER MARRIED, WIDOW, DIVORCED, SEPARATED, NEVER MARRIED
NAME OF SURVIVING SPOUSE (MARRIED NAME, IF MARRIED) Stephanie Cygan
U.S. WAR VETERAN (YES/NO) NO
WAR OR DATES OF SERVICE (YES/NO) NO
RESIDENCE 13a. Self-employed Florist
CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
STREET AND NUMBER 14a. 2930 N. Melville Ave
MOTHER—MAIDEN NAME 15. Frances Janik

RELATIONSHIP 16. Wife
MARRIAGE ADDRESS 17a. 2930 N. Melville Ave, Chicago, Ill.
DEATH WAS CAUSED BY 18. Sepsis due to bacterial meningitis
IMMEDIATE CAUSE 19. Sepsis due to bacterial meningitis
OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE, OR IN PART I (a) (b) (c)
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION 20a. None

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION 20b. None
LATTERED IN THE DECEASED FROM 21a. Mar 28, 1973
HOUR OF DEATH 21b. 7:15 P.M.
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED SIGNATURE 22a. John F. Chase, M.D.
DATE SIGNED 22b. Mar. 29, 1973
ILLINOIS LICENSE NUMBER 22c. 19883

MARRIAGE ADDRESS—CERTIFIER 23. John F. Chase, M.D.
STREET AND NUMBER OR R. F. D. 2700 N. North Ave.
CITY OR TOWN 24c. Chicago, Ill.
CITY OR TOWN 24d. Niles, Illinois
STATE 24e. Illinois
STREET AND NUMBER OR R. F. D. 25a. Baran Funeral Home, LTD., 2614-16 N. Central Ave.
CITY OR TOWN 25b. Chicago, Ill.
FUNDAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 60639

REGISTRAR'S SIGNATURE 26. Murray C. Brown
CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Concourse Level, Chicago 60602-26b
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 27. MAR 29 1973
ILLINOIS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
BASED ON 1968 U.S. STANDARD CERTIFICATE

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