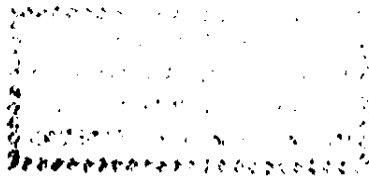


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UNOFFICIAL COPY of a Death Record

98702613

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16-92	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER 293	MEDICAL CERTIFICATE OF DEATH			
Type of Print in Permanent Ink See Funeral Directors, Morticians or Physicians Handbook for Instructions A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KK KL KM KN KO KP KQ KR KS KT KU KV KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MM MN MO MP MQ MR MS MT MU MV MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TU TV TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UU UV UV UW UX UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YV YW YX YY YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZV ZW ZX ZY ZZ	DECEASED-NAME FIRST MIDDLE LAST 1. ELOISE J ZELASKO	SEX 2 FEMALE	DATE OF DEATH MONTH DAY YEAR 3 MARCH 1 1996		
	COUNTY OF DEATH 4 Cook	AGE - LAST BIRTHDAY (YEAR) MONTH DAY 5a 59	UNDER 1 YEAR MONTH DAY 5b	UNDER 1 DAY HOURS MIN 5c	DATE OF BIRTH MONTH DAY YEAR 5d 1/23/1937
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Berkeley	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b 1200 Howard St.	IF HOSP OR WST. INDICATE Q.O.A. OF HOSP. OR DEPARTMENT (SPECIFY) 6c DCA		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, Ill.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b Joseph Zelasko	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 No	
	SOCIAL SECURITY NUMBER 10 321 30 8156	USUAL OCCUPATION 11 Coordinator	KIND OF BUSINESS OR INDUSTRY 12 Montgomery Ward	EDUCATION (SPECIFY ON 1 HIGH SCHOOL GRADE COMPLETION) 13 12	
	RESIDENCE (STREET AND NUMBER) 13a 1200 Howard Str.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Berkeley	INSIDE CITY (YES/NO) 13c Yes	COUNTY 13d Cook	
	STATE 13e Illinois	ZIP CODE 13f 60153	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 14a White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b NO	
	FATHER-NAME FIRST MIDDLE LAST 15 Cecil Green	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Mary Shouse			
	INFORMANT'S NAME (TYPE OR PRINT) 17a Joseph Zelasko	RELATIONSHIP 17b Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 1200 Howard 60153		
	18. PART I. Enter the disease, or diseases, which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			APPROXIMATE TIME FROM THE TIME OF DEATH TO THE TIME OF EXAMINATION (MINUTES)	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) ACUTE MYOCARDIAL INFARCTION			MINUTES		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DIABETES MELLITUS TYPE I			YEARS		
(c) OBESITY			YEARS		
PART II. Other important conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO) 18a No		
DATE OF OPERATION, IF ANY 20a			MAJOR FINDINGS OF OPERATION 20b		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES () NO (X)					
(1) DID (DO NOT) ATTEND THE DECEASED (MONTH DAY YEAR) 21a March 1, 1996		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b Yes	HOUR OF DEATH 21c 11:55 a.m.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 22a SIGNATURE			DATE SIGNED (MONTH DAY YEAR) 22b MARCH 1, 1996		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c STEVEN J. PEARLMAN MD. 7447 W. TALCOTT CHICAGO, IL. 60637			ILLINOIS LICENSE NUMBER 22d D36-065421		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23			NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH OF THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		
BURIAL, CREMATION, REMOVAL, ETC. 24a Burial	CEMETERY OR CREMATORY - NAME 24b St Joseph	LOCATION CITY OR TOWN STATE 24c River Grove Il.	DATE (MONTH DAY YEAR) 24d 3/4/96		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a Walter L. Sojka Funeral Home 1427 West Chicago Ave. 60622			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b 0316020		
FUNERAL DIRECTOR'S SIGNATURE 25c			DATE PREPARED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26a March 5, 1996		
LOCAL REGISTRAR'S SIGNATURE 26b					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **MAR 11 1996** SIGNED **Richard J. Billie**

AT **BROADVIEW, ILLINOIS 60153**, Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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98702643

First American Title Insurance Company

Order No: 1176210

SCHEDULE C

The land referred to in this commitment/policy is situated in the State of Illinois, County of Cook and is described as follows:

LOT 1 IN VENDLEY CONSTRUCTION COMPANY'S CHICAGO AVENUE RESUBDIVISION OF LOTS 1, 2, 3, 4 AND 5 IN BLOCK 4 IN VENDLEY AND COMPANY'S BERKELEY GARDENS, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER LYING NORTH OF CENTER LINE OF ST. CHARLES ROAD OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

End of Schedule C.

PIN# - 15.07.201-031

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