



MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

Type of Print in Permanent Ink
See Coroner's or Funeral Director's Handbook for Instructions

REGISTRATION DISTRICT NO. 1631
REGISTERED NUMBER 318

DECEASED-NAME MARY T. PIETRUCHA
FIRST MIDDLE LAST

DATE OF DEATH (MONTH, DAY, YEAR) JULY 25, 1998

DECEASED

1. COUNTY OF DEATH COOK
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER BLUE ISLAND

3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILL.
7. HEIGHTS, ILL.
8a. MARRIED
8b. MARRIED

10. RESIDENCE (STREET AND NUMBER) 4100 W. 143rd ST.
13a. ILLINOIS
13b. ILLINOIS

13c. ILLINOIS
13d. ILLINOIS
13e. ILLINOIS

13f. ILLINOIS
13g. ILLINOIS
13h. ILLINOIS

13i. ILLINOIS
13j. ILLINOIS
13k. ILLINOIS

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST ALEXANDER RUTKOWSKI

15. MOTHER-NAME FIRST MIDDLE LAST ANGELINE ZYCH

16. RELATIONSHIP HUSBAND

17. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 143rd ST. CRESTWOOD, ILL. 60445

18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIO SCLEROSIS & CARDIOVASCULAR DISEASE

CAUSE

1. IMMEDIATE CAUSE (Final disease or condition resulting in death)
2. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a)
3. STATING THE UNDERLYING CAUSE LAST

18. PART II. Other significant conditions contributing to death but not resulting in the injury or disease given in PART I.

19a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)
19b. PLACE OF INJURY (AT HOME, FACTORY, STREET, FACTORY OFFICE BUILDING, ETC.) (SPECIFY)

20a. DATE OF INJURY (MONTH, DAY, YEAR)
20b. HOUR
20c. M. 20d.

20e. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I.)
20f. LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE)

20g. THE DECEDENT WAS PRONOUNCED DEAD ON
20h. DATE SIGNED (MONTH, DAY, YEAR)
20i. AT (MONTH, DAY, YEAR)

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. CORONER'S MEDICAL EXAMINER'S S.S.G. NUMBER
21c. CORONER'S PHYSICIAN'S NAME (Type (Print))

22a. DATE SIGNED (MONTH, DAY, YEAR)
22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. BURIAL OR CREMATION, REMOVAL (SPECIFY)
23b. BURIAL
23c. RESURRECTION

23d. CEMETERY OR CREMATORY NAME
23e. LOCATION CITY OR TOWN STATE

23f. STREET AND NUMBER OR R.F.D.
23g. CITY OR TOWN STATE

23h. FUNERAL HOME
23i. FUNERAL DIRECTOR'S SIGNATURE
23j. LOCAL REGISTRAR'S SIGNATURE

DISPOSITION

24a. FUNERAL DIRECTOR'S SIGNATURE
24b. LOCAL REGISTRAR'S SIGNATURE

24c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

24d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

24e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

24f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

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 27 1998 SIGNED [Signature] BLUE ISLAND, ILLINOIS OFFICIAL TITLE, LOCAL REGISTRAR