REGISTRATION DISTRICT NO. 16.01

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME (FIRST, MIDDLE, LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. EDWARD E. STEMPIEN	2. MALE	3. October 19, 1985

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE (LAST BIRTHDAY)	UNDER 1 YEAR: MOS. / DAYS / HOURS / MIN.	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH
4a. White	4b. Polish	5a. 68	5b. / 5c.	6. Feb. 7, 1917	7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST., INDICATE DOA (OP/EMER RM, INPATIENT) (SPECIFY)
7b. Chicago—Stickney	7c. 3938 S. Elmwood	7d. ———

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Illinois	9. U.S.A.	10. Married	11. Maryanne Kisly

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	WAR OR DATES OF SERVICE
12. 328-05-4529-A	13a. Supervisor of Maintenance	Victor-Dana	13c. Yes	13d. WWII

RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY LIMITS? (YES/NO)	COUNTY	STATE
14a. 3938 S. Elmwood	14b. Stickney	14c. Yes	14d. Cook	14e. Illinois

FATHER—NAME (FIRST, MIDDLE, LAST)	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
15. Michael Stempien	16. Mary Zaborniak

INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Maryanne Stempien	17b. Wife	17. 3938 S. Elmwood Stickney, Il. 60402

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I.	IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(a) RESPIRATORY FAILURE	WEEKS
	DUE TO OR AS A CONSEQUENCE OF: (b) MALIGNANT MESOTHELIOMA OF RIGHT LUNG	MONTHS
	DUE TO OR AS A CONSEQUENCE OF: (c)	

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES/NO) 19a. No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES ☐ NO ☐

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH
21a. I DID OCTOBER 11, 1985	21b. No	21c. 6:50 P. 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 (MO., DAY, YR.)
	22b. Oct. 20, 1985

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. JACOB BITRAN, M.D. LAKE SHORE DRIVE AT 31ST. STREET CHICAGO, ILLINOIS 60616	22d. 36-45731

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Mount Auburn	24c. Stickney, Illinois	24d. Oct. 23, 1985

FUNERAL HOME NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. George Schubert	6616 W. Cermak Rd.	Berwyn,	Illinois	60402

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶ Fred Bach	25c. 8262

LOCAL REGISTRAR'S SIGNATURE	DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ REGISTRAR Phyllis Crump	26b. Oct 21, 1985

VR 200 REV. 5/82 Illinois Department of Public Health · Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in 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 OCT 21 1985 SIGNED [signature]

At Cook County Department of Public Health Official Title Chief Deputy Registrar

1500 S. Maybrook Drive Maywood, Illinois 60153

DANA-335

VPD-189-0002584