

CCMEO

COOK COUNTY MEDICAL EXAMINER'S OFFICE

Annual Report | 2015



Toni Preckwinkle

President
Cook County Board of Commissioners

Stephen J. Cina, M.D.

Chief Medical Examiner

Martha Martinez

Chief Administrative Officer
Bureau of Administration

MAIN OFFICE:

2121 West Harrison Street
Chicago, Illinois 60612-3705
Phone: (312) 666-0500

HOURS:

The Medical Examiner's Office operates 24 hours per day, 7 days per week.
The office is open to the general public: 8:30 a.m. to 4:30 p.m., Monday through Friday,
except for official Cook County holidays.

IDENTIFICATION HOURS:

11:30 a.m. to 4:00 p.m., Monday through Friday.
12:00 p.m. to 4:00 p.m., weekends and official Cook County holidays.

TABLE OF CONTENTS

2	Letter from the Chief Medical Examiner
3	2015 At-A-Glance
4	Mission
4	Vision & Commitment
4	History of the Medical Examiner’s Office
5	Medical Examiner’s Office Operations: Jurisdiction Departments Primary Medical Examiner Functions Other Services Provided
6	Information for Families
8	2015 Highlights
10	Indigent Burial – Dignified Final Disposition
11	Funeral Directors
12	Collaborative Efforts
14	A Look Ahead
15	2015 Case Overview Charts & Maps Table of Contents
16	2015 Case Overview Charts & Maps
57	Medical Examiner’s Advisory Committee
57	Cook County Board of Commissioners

LETTER FROM THE CHIEF MEDICAL EXAMINER



2015 was a busy year for the Cook County Medical Examiner's Office (CCMEO). With the ongoing support of President Preckwinkle, the Board of Commissioners and the Advisory Committee, we have been able to achieve all remaining goals set when I was hired in September 2012. Our achievements are directly linked to the hard work and dedication of our staff.

In 2014, the CCMEO regained provisional accreditation status from the National Association of Medical Examiners (NAME). A single phase II deficiency stood in our way of full accreditation --independent certification of our Toxicology Laboratory. Due to the hard work of our toxicologists, Dr. Peter Koin and Dr. Ponni Arunkumar, the lab was accredited by the College of American Pathologists (CAP) in December 2015. With this deficiency rectified, documentation was submitted to NAME and full accreditation was granted effective January 2016. Having reached these goals, our daily quest toward improvement and excellence must continue. We are now positioning the office for accreditation by the International Organization for Standardization (ISO) within five years.

During 2015, we continued to modify and improve the data analysis features of our cloud-based case management system in response to increasing requests for statistics. We can now track Latino deaths more easily and better tally deaths-in-custody and police-related shootings. Working with our public information officer, the office has been able to provide real-time data to policy makers, partner agencies and the media.

One of our 2015 initiatives was to apply for increased grant funding for the office in an effort to save money for the taxpayers of Cook County. We were awarded a \$28,000 Coverdell grant to decrease toxicology turnaround time and a \$1.6 million dollar grant from Urban Areas Security Initiative (UASI) grant program for mass disaster readiness.

Several epidemics in Cook County in 2015 gained significant media attention — gun violence and opiate-related deaths. The number of gun-related deaths increased over the prior two years, particularly in certain ZIP codes on the south and west sides of Chicago. Concurrently, heroin deaths increased followed by a surge in fentanyl-related overdoses beginning in late September. Our physicians and staff actively participate in several task forces created to address these crises. Details on these types of death are included on maps at the end of this report.

It has been an honor to serve the residents of Cook County in 2015.

Respectfully,

A handwritten signature in black ink, appearing to read "S. Cina". The signature is fluid and cursive, with a prominent initial "S" and a trailing flourish.

Stephen J. Cina, MD, FCAP, D-ABMDI
Chief Medical Examiner

2015 AT-A-GLANCE

Number of Deaths Investigated		13,063
Number of Medical Examiner Cases		5,667
Number of Cases by Manner of Death:	Accident	1,809
	Homicide	620
	Natural	2,598
	Suicide	446
	Undetermined	194
Homicides Autopsied		618
Suicides Autopsied		164
Non MVA-Accident Death Certified		1,532
MVA-Accidental Death Certified		277
MVA-Accidents Autopsied		58
Non-MVA Accidents Autopsied		913
Naturals Autopsied		918
Undetermined Autopsied		150
Unidentified Autopsied		13
Gun Related Homicides:	White	92
	Black	422
	Latino*	76
	Other	12
* Latino decedents are also counted under black or white		
Scene Visits		1,168
Number of NAMECs (Not a Medical Examiner's Case)		7,447
Number of Bodies Transported to the Office		4,615
Number of Bodies Transported that were paid by the Office		0
External Examinations:	By Physician	1,951
	By Investigator	411
Partial Autopsies		189
Complete Autopsies		2,779
Hospital Autopsies under ME Jurisdiction		0
Cases where Toxicology was performed		4,902
Bodies Unidentified after Examination		14
Exhumations		0
Unclaimed Bodies		85
Average number of bodies in storage per day		200
Organ Donations		71
Tissue Donations		274
Cornea Donations		442
Microscopic Studies		1,615
Formal Neuropathology Studies		130
Formal Cardiac Pathology Studies		88
Fetal Death Certificates Issued		160



MISSION

The mission of the Cook County Medical Examiner's Office is to ensure public health and safety by performing autopsies and postmortem examinations to determine cause and manner of death for individuals who die in Cook County.

VISION & COMMITMENT

It is the intent of the Cook County Medical Examiner's Office to create a regional forensic center of excellence for the practice and advancement of forensic science for the Midwest. Through the recruitment of high quality staff, training of current staff and improvements to the existing facility, the Medical Examiner's Office is embracing President Preckwinkle's vision of improved customer service, transparency, accountability and innovative technology.

HISTORY OF THE MEDICAL EXAMINER'S OFFICE

As a result of a 1972 referendum, the Office of the Medical Examiner of Cook County was established on December 6, 1976, and the Office of the Coroner was abolished.

A medical examiner differs from a coroner in that a medical examiner is an appointed official who is required to have pertinent qualifications, while a coroner is an elected official who is not required to have any particular qualifications.

In Cook County, the Medical Examiner must be a physician, licensed to practice medicine in the State of Illinois and certified by the American Board of Pathology in anatomic and forensic pathology. In Cook County, the President of the Board of Commissioners with the advice and consent of the Board of Commissioners appoints the Medical Examiner.

The Office is the only Medical Examiner system in Illinois and covers half the population of the state. The Office of the Medical Examiner plays a vital role in the administration of justice and protection of public health.

MEDICAL EXAMINER'S OFFICE OPERATIONS

JURISDICTION

Under Illinois law and local ordinance, the Medical Examiner is both required and empowered to determine the cause and manner of death. The Medical Examiner investigates any human death that falls within any or all of the following categories:

- Criminal violence
- Suicide
- Accident
- Suddenly when in apparent good condition
- Unattended by a practicing licensed physician
- Suspicious or unusual circumstances
- Criminal abortion
- Poisoning or attributable to an adverse reaction to drugs and/or alcohol
- Disease constituting a threat to public health
- Injury or toxic agent resulting from employment
- During some medical diagnostic or therapeutic procedures
- In any prison or penal institution
- When involuntarily confined in jail, prison hospitals or other institutions or in police custody
- When any human body is to be cremated, dissected or buried at sea
- When a dead body is brought into a new medico-legal jurisdiction without proper medical certification

DEPARTMENTS

The Medical Examiner's Office is organized in ten (9) divisions:

- Administration
- Autopsy
- Intake
- Investigations
- Histology
- Pathology
- Photography
- Radiology
- Toxicology

PRIMARY MEDICAL EXAMINER FUNCTIONS

Death Investigations

The Investigations Division answers initial calls from mandated reporters concerning the death of an individual within the County. Investigators determine if the deceased falls within jurisdiction of the Medical Examiner's Office and performs scene investigations.

Autopsies and Postmortem Examinations

Forensic pathologists perform complete autopsy examinations or external examinations as necessary to determine cause and manner of death. Forensic pathologists also provide expert testimony in criminal and civil matters at deposition or trial. Forensic pathologists meet with law enforcement, state's attorneys, public defenders, and family as appropriate. Finally, forensic pathologies provide prompt notification to respective agencies such as the Department of Health, of any death due to a reportable disease, unsafe consumer product, and unsafe work environment.

(Continued on next page)

OTHER SERVICES PROVIDED

Other services provided by the Medical Examiner's Office include:

- Providing vital statistics with cause and manner of death for inclusion on the death certificate
- Preparing toxicology reports which list any foreign substance found in body
- Coordinating and obtaining consultations when appropriate
- Processing cremation permits for funeral directors
- Teaching medical students, pathology residents, law enforcement personnel, and international observers
- Conducting award-winning research
- Providing statistics to third parties to optimize public health

PROVIDING INFORMATION FOR FAMILIES

In addition to its vital role in law enforcement and public health, one of the most important duties of the Medical Examiner's Office is to provide information to families who have lost a loved one – often suddenly and unexpectedly. On top of this sudden loss, it may be the first time families have dealt with the Medical Examiner's Office.

The Medical Examiner's Office works with families to assist them through the process. The Medical Examiner's Office investigators and clerical staff are there to help, and the staff of Forensic Pathologists can assist family members trying to understand how the death occurred. In some situations, the Medical Examiner will not be able to discuss details of the case until the autopsy report is issued.

AUTOPSIES AND EXTERNAL EXAMINATIONS

An autopsy is a thorough examination of the body, inside and out, performed to document or rule out injuries and diseases. The autopsy procedure is performed by a medical doctor with special forensic training in recognizing the appearance of injuries and the effects of diseases. An autopsy may take 2 to 3 hours, or possibly longer, to perform and is often followed by laboratory tests, some of which can take months to complete. In cases where an autopsy may not be warranted, an examination of only the external surfaces of the body is performed.

REQUESTING AN AUTOPSY REPORT

Families can request copies of postmortem reports through the Medical Examiner's Office Medical Record Department.

INFORMATION RELATED TO PENDING CASES

After the medical examination is complete, it is sometimes necessary for us to perform further analysis, be it medical or investigative in nature, to determine the exact cause and manner of death. In this instance, a Pending Death Certificate will be issued. Disposition of the deceased may take place with this Pending death certificate. Once the forensic pathologist has determined the final cause of death, the Medical Records Department will notify the funeral home. At this point, the funeral home can obtain certified copies of the final death certificate for the family through the Illinois Department of Vital Records.

DEATH CERTIFICATES

Families can obtain certified copies of death certificates by contacting the funeral home or Cook County Clerk's Office of Vital Records. There are some suburbs which operate their own registrar. Families are advised to call the funeral home or the Medical Examiner's Office for the contact information of the registrar that handled a decedent's death certificate.

RECOVERING PROPERTY OF DECEDENTS

The Medical Examiner's Office inventories all personal belongings of the decedent upon arrival to the office. Families can recover personal effects (money, jewelry, wallets, etc.) that belong to the deceased by contacting the Medical Examiner's Office. Property will be turned over to the executor, Power of Attorney (POA), legal next of kin or the funeral home retained by the legal next of kin. Photo ID's are required to recover property. The Medical Examiner's Office may ask the requestor to provide a birth certificate, marriage license or other papers to prove the relationship to the deceased. Unclaimed property will be held by the Medical Examiner's Office for one year. After one year, the property is subject to sale by auction.

VIRTUAL CEMETERY

The final disposition sites of the indigents buried/cremated by the Medical Examiner's Office can now be found on the open data portal for Cook County Government. In February 2014, the Medical Examiner's Office began utilizing cremation as a dignified alternative to burial for indigent remains. Cremated remains are kept at the Medical Examiner's Office for two years and may be picked up by the family.

UNIDENTIFIED PERSONS

The Medical Examiner's Office has a website to provide up-to-date descriptions of unidentified remains whose cases have been processed. Individuals are able to contact the Medical Examiners' Office Investigations Department regarding matching one of the unidentified bodies to the identity of a missing person.

UNCLAIMED PERSONS

If someone is a next of kin to an unclaimed person, they can contact our Indigent Coordinator to claim that person. Unclaimed indigents will be cremated at the County's expense within 60 days of admission to the Medical Examiner's Office as dictated by the Cook County Medical Examiner Ordinance.

2015 HIGHLIGHTS

ACCREDITATION OF THE TOXICOLOGY LAB BY THE COLLEGE OF AMERICAN PATHOLOGISTS

The College of American Pathologists (CAP) awarded accreditation to the Cook County Medical Examiners' Toxicology laboratory based on the results of an on-site inspection. The laboratory is one of the 7,700 nationally recognized CAP-accredited facilities. The CAP accreditation process is designed to ensure the highest standard of care and the inspectors examine the laboratory's records, quality control of procedures, staff qualifications, equipment, facilities, safety program and record and overall management.

FULL ACCREDITATION BY THE NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

The National Association of Medical Examiners (NAME) Accreditation Standards have been prepared and revised by NAME for the purpose of improving the quality of the medicolegal investigation of death in this country. Accreditation applies to offices and systems, not individual practitioners. The standards emphasize policies and procedures, not professional work product. The standards represent minimum standards for an adequate medicolegal system, not guidelines. NAME accreditation is an endorsement by NAME that the office or system provides an adequate environment for a medical examiner in which to practice his or her profession and provides reasonable assurances that the office or system well serves its jurisdiction. It is the objective of NAME that the application of these standards will aid materially in developing and maintaining a high caliber of medicolegal investigation of death for the communities and jurisdictions in which they operate.



Announcement of NAME Accreditation
03/01/2016



NAME accreditation is important to the Medical Examiner's Office because:

1. It lends credibility when Medical Examiner's Office staff testifies in court that the office follows nationally accepted standards.
2. It fosters trust with the public.
3. Recent recommendation to the US Attorney General by the National Commission on Forensic Sciences states that all ME / Coroner Offices should be accredited by 2020.

In late 2012, the Cook County Medical Examiners' Office had 27 major deficiencies to overcome to attain full accreditation. Almost all policies and procedures were rewritten, some of the best talent around the country was recruited, processes were streamlined and staff recommitted themselves to getting better every day. With President Preckwinkle's support, the office has been able to improve service to families, funeral homes, the legal system, law enforcement, public health and the media. Our patients get accurate diagnoses, respect and dignity they deserve. The office has attained full accreditation by the National Association of Medical Examiners (NAME) and provides the highest quality of service to the residents of Cook County, as required by NAME.

INDIGENT BURIAL: DIGNIFIED FINAL DISPOSITION

Traditionally, the Medical Examiner's Office buried all indigents at the County's expense. However, in early 2014, Cook County ceased this practice and introduced cremations as the primary means of dignified final disposition. The process of declaring a deceased individual as indigent involves a partnership with support agencies such as the U.S. Department of Veterans Affairs, the Illinois Department of Human Services and the Cook County Public Administrator. In 2015, the Medical Examiner's Office hired a full time Indigent Burial Coordinator to manage the indigent disposition process. The County will continue to bury unidentified and fetal remains.

The Medical Examiner's Office expresses a special thank you to Roman F. Szabelski, Executive Director, Catholic Cemeteries, Archdiocese of Chicago, for all his assistance with the indigent burials at Mt. Olivet Cemetery.

Thanks to all the funeral directors who continue to assist the Medical Examiner's Office in laying to rest decedents in a dignified manner through their professionalism and compassion.

Thank you

The following is a list of funeral homes, directors and other individuals who assisted the Cook County Medical Examiner's Office in 2015:

Madeline Brinson, Funeral Director
Karen Bruli, Colonial-Wojciechowski Funeral Home
Edward Calahan Sr., Calahan Funeral Home
Ryan Cattoni, AquaGreen Dispositions
Charles Childs, A.A. Rayner & Sons Funeral Home
Tiwana Collins, Sacred Memories Funeral Services
Cathy Daniel, Northern Illinois Funeral Services
Susan Dyer, Funeral Director
Troy Franklin, House of Branch Funeral Home
Jim Herzog, Blake Lamb Funeral Home
Anthony Holmes, Golden Gate Funeral Home
James Murray, Dignity Memorial
Howard Paterson, Dignity Memorial
Philip Reid, House of Branch Funeral Home
Sheila Reid, House of Branch Funeral Home
Roland Weis, Evanston Funeral & Cremation
Jodi Wojciechowski, Colonial-Wojciechowski Funeral Home
Doris York, Evans Funeral Home
Leonard Zielinski, Evanston Funeral & Cremation

COLLABORATIVE EFFORTS

LOCAL MEDICAL EDUCATION AGREEMENTS

Resident and Medical Student Rotations

The Medical Examiner's Office has agreements with several universities in which medical students and residents participate in one to three month rotations to observe pathologists conducting examinations, including autopsies, in order to determine the cause and manner of death. The following are the institutions which participate in this program:

- Loyola University Chicago Medical Center
- McGaw Medical Center of Northwestern University
- Midwestern University
- Rush University Medical Center
- University of Chicago Medical Center
- University of Illinois at Chicago (UIC)

Mortuary Sciences

The Medical Examiner's Office has agreements with Malcolm X College and Worsham College of Mortuary Science that facilitates the donation of indigent bodies to Malcolm X College for use by mortuary students in furtherance of their study of mortuary science. These agreements are in accordance with the Illinois Cadaver Act and are a revenue generator as the school pays a lab use fee to the Medical Examiner's Office.

Grief Counseling

The Medical Examiner's Office entered into an agreement in November 2013 with the University of Illinois – Jane Addams School of Social Work that allows students to assist the families of patients by providing grief counseling.

NATIONAL MEDICAL EDUCATION AGREEMENTS

The Medical Examiner's Office has an agreement with Des Moines University for students with interest in forensic medicine observe autopsies and learn about the practice of Forensic Medicine.

The Medical Examiner's Office also has an agreement with Pacific Northwest University of Health Sciences for medical students to observe pathologists conduct examinations including autopsies, in order to determine the cause and manner of death.

INTERNATIONAL MEDICAL EDUCATION AGREEMENTS

The Medical Examiner's Office has an agreement with the University of Rome, Department of Anatomy, Histology, Forensic Medicine and Orthopedics and the Medical University of Gdansk (Gdansk, Poland) that allows visiting professors to rotate through the Medical Examiner's Office and gain valuable experience on examinations, especially in the examination of gunshot victims – a process that is not so common in other countries.

ILLINOIS VIOLENT DEATH REPORTING SYSTEM

The Medical Examiner's Office shares data with the Illinois Violent Death Reporting System (IVDRS). The IVDRS links data from various public health and criminal justice sources to present the fullest possible picture of the circumstances surrounding violent death in Illinois. IVDRS helps Illinois policy makers analyze violence-related deaths, identify risk factors and develop prevention efforts.

ORGAN/TISSUE DONATION

The Medical Examiner's Office has agreements with two programs related to organ/tissue donation.

Anatomical Gift Association of Illinois

The Medical Examiner's Office and the Anatomical Gift Association of Illinois facilitate donations of indigent bodies for medical teaching in accordance with the Illinois Cadaver Act.

Gift of Hope

The Medical Examiner's Office has an agreement with the Gift of Hope to donate organs and tissue upon consent of the next of kin. The Gift of Hope will occasionally request to procure tissues postmortem at the Medical Examiner's Office. Each organ donor can save up to seven lives and each tissue donor can improve 50 lives.

CONSULTATIONS

The Medical Examiner's Office requests radiology consultation from John H. Stroger, Jr. Hospital of Cook County on complicated cases involving extensive radiology as a means to determine cause and manner of death.

FELLOWSHIP

The Medical Examiner's Office offers a one-year Forensic Pathology fellowship program for two graduates of an accredited residency program in general pathology. This program is accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The selected fellows receive training in scene investigation, forensic toxicology, firearms, odontology, autopsy techniques, injury pattern recognition and anthropology. In addition to this training, the selected fellows each perform approximately 250 autopsies during the program.

TOURS

The Medical Examiner's Office limits the number of tours of the facility out of respect for the deceased and their families and to avoid any disruption to daily operations. Tours are provided to students in health-related fields, fire personnel, law enforcement personnel and trainees, and government agencies involved in the medicolegal justice system. For more information, contact Mary Marik, Registered Health Information Administrator, at (312) 997-4430.

A LOOK AHEAD

The Medical Examiner's Office has the following initiatives in 2016:

- Recruit a new Chief Toxicologist to spearhead the toxicology laboratory to maintain CAP (College of American Pathologists) accreditation and implement new extraction techniques.
- Become fully staffed with assistant medical examiners and fellows to reduce the average caseload for pathologists.
- Recruit a Forensic Compliance Officer to oversee quality assurance for the office and help gear toward NAME -ISO accreditation during the next on-site inspection in 2019.
- Complete 2016 capital renovations including installation of perimeter gates to improve security, renovating autopsy rooms and toxicology lab, intercom expansion throughout the building, and replacing built-in toxicology walk-in refrigerator/freezer.
- Continue to work with Gift of Hope to increase organ and tissue donation throughout Cook County.
- Introduction of a document management solution to maintain up-to-date policies and procedures and track changes to help the office gear toward ISO accreditation.
- Interface the IL State Vital Statistics record system with the new case management system. This will allow for more accurate tracking of samples and decedents within the ME's Office:
 - o An improved chain of custody
 - o Increased research capabilities
 - o Better tracking of injury disease patterns as it relates to public health implications

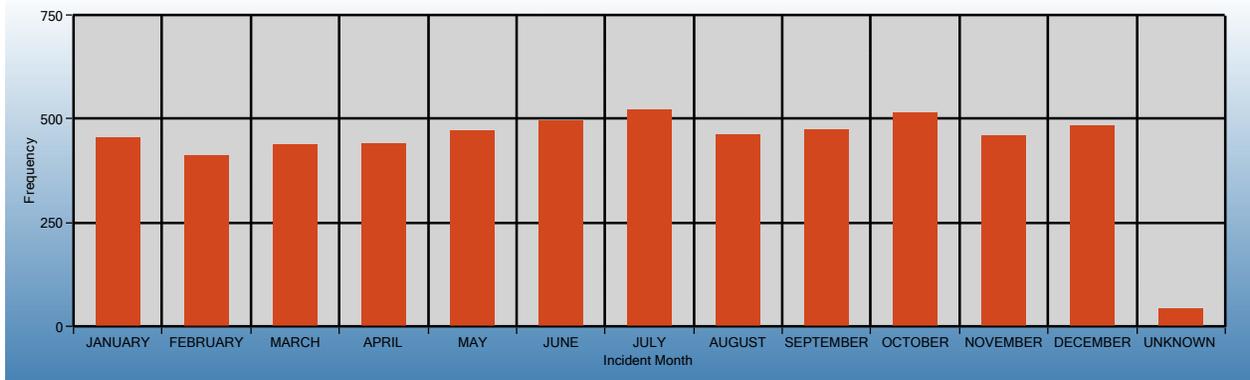
2015 CASE OVERVIEW CHARTS & MAPS OF MEDICAL EXAMINER CASES TABLE OF CONTENTS

Table 1: Month When Incident Resulting in Death Occurred	Page 16
Table 2: Day of The Week When Incident Resulting in Death Occurred	Page 17
Table 3: Age of Decedents	Page 18
Table 4: Race of Decedents	Page 19
Table 5: Gender of Decedents	Page 20
Table 6: Manner of Death	Page 21
Table 7: Autopsy Status	Page 22
Table 8: Injured at Work	Page 23
Table 9: Motor Vehicle Accidents	Page 24
Table 10: Manner of Death by Month of Incident Resulting in Death	Page 25
Table 11: Manner of Death by Weekday of Incident Resulting in Death	Page 26
Table 12: Manner of Death by Age of Decedent	Page 27
Table 13: Manner of Death by Race of Decedent	Page 28
Table 14: Manner of Death by Gender of Decedent	Page 29
Table 15-A: Manner of Death By Race And Gender of Decedent	Page 30
Table 15-B: Manner of Death By Race And Gender of Decedent	Page 31
Table 16-A: Age and Race of Decedents by Gender and Manner	Page 32
Table 16-B: Age and Race of Decedents by Gender and Manner	Page 33
Table 16-C: Age and Race of Decedents by Gender and Manner	Page 34
Table 16-D: Age and Race of Decedents by Gender and Manner	Page 35
Table 16-E: Age and Race of Decedents by Gender and Manner	Page 36
Table 16-F: Age and Race of Decedents by Gender and Manner	Page 37
Table 16-G: Age and Race of Decedents by Gender and Manner	Page 38
Table 17: Manner of Death by Autopsy Status	Page 39
Table 18: Cause of Death (General)	Page 40
Table 19: Driver Blood Alcohol Concentration in Traffic Accidents	Page 41
Table 20: Frequent Causes of Accidental Overdose by Race	Page 42
Table 21: Frequent Causes of Death For Homicide by Race	Page 43
Table 22: Frequency of Homicides by Race	Page 44
Table 23: Frequency of Gunshot Wound Homicides by Race	Page 45
Table 24: Frequency of Homicides From Gunshot Wound by Race	Page 45
Table 25: Frequent Causes of Infant Death by Race	Page 46
Table 26: Infant Deaths by Manner	Page 47
Map 1: Homicide Hotspots	Page 48
Map 2: Homicide by Incident Zipcode	Page 49
Map 3: Gunshot Homicide Hotspots	Page 50
Map 4: Heroin Hotspots	Page 51
Map 5: Heroin Deaths by Incident Zipcode	Page 52
Map 6: Fentanyl Deaths by Incident Zipcode	Page 53
Map 7: Cold Deaths	Page 54
Map 8: Heat Related Deaths	Page 55
Map 9: Infant Deaths	Page 56

MONTH WHEN INCIDENT RESULTING IN DEATH OCCURRED

TABLE 1

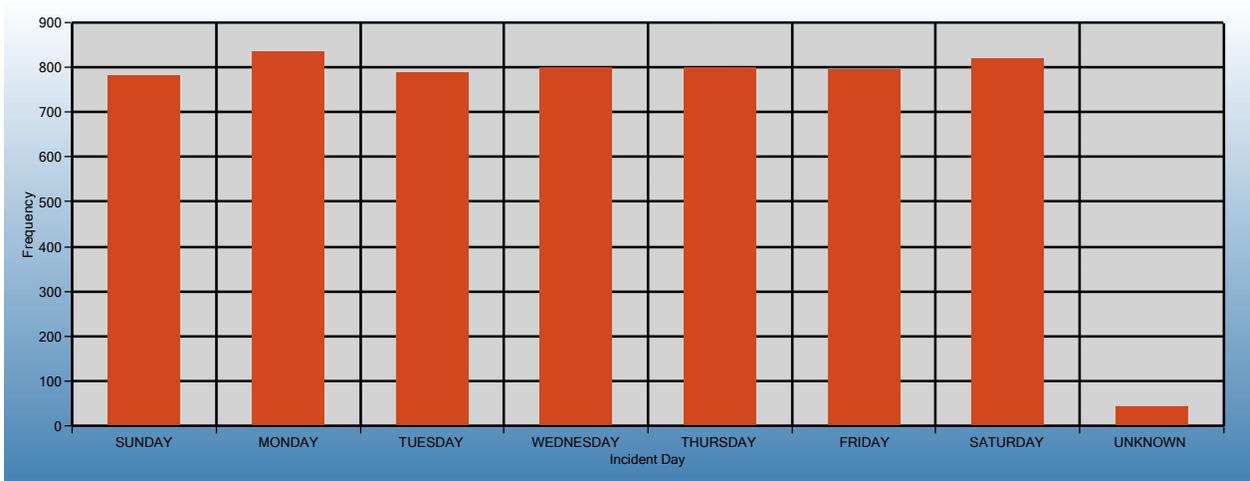
MONTH	Frequency	Percent	Cumulative Frequency	Cumulative Percent
JANUARY	454	8.01%	454	8.01%
FEBRUARY	413	7.29%	867	15.30%
MARCH	438	7.73%	1305	23.03%
APRIL	440	7.76%	1745	30.79%
MAY	471	8.31%	2216	39.10%
JUNE	495	8.73%	2711	47.84%
JULY	522	9.21%	3233	57.05%
AUGUST	461	8.13%	3694	65.18%
SEPTEMBER	473	8.35%	4167	73.53%
OCTOBER	514	9.07%	4681	82.60%
NOVEMBER	460	8.12%	5141	90.72%
DECEMBER	483	8.52%	5624	99.24%
UNKNOWN	43	0.76%	5667	100.00%



DAY OF THE WEEK WHEN INCIDENT RESULTING IN DEATH OCCURRED

TABLE 2

DAY	Frequency	Percent	Cumulative Frequency	Cumulative Percent
SUNDAY	782	13.80%	782	13.80%
MONDAY	835	14.73%	1617	28.53%
TUESDAY	790	13.94%	2407	42.47%
WEDNESDAY	800	14.12%	3207	56.59%
THURSDAY	800	14.12%	4007	70.71%
FRIDAY	796	14.05%	4803	84.75%
SATURDAY	821	14.49%	5624	99.24%
UNKNOWN	43	0.76%	5667	100.00%



AGE OF DECEDENTS

TABLE 3

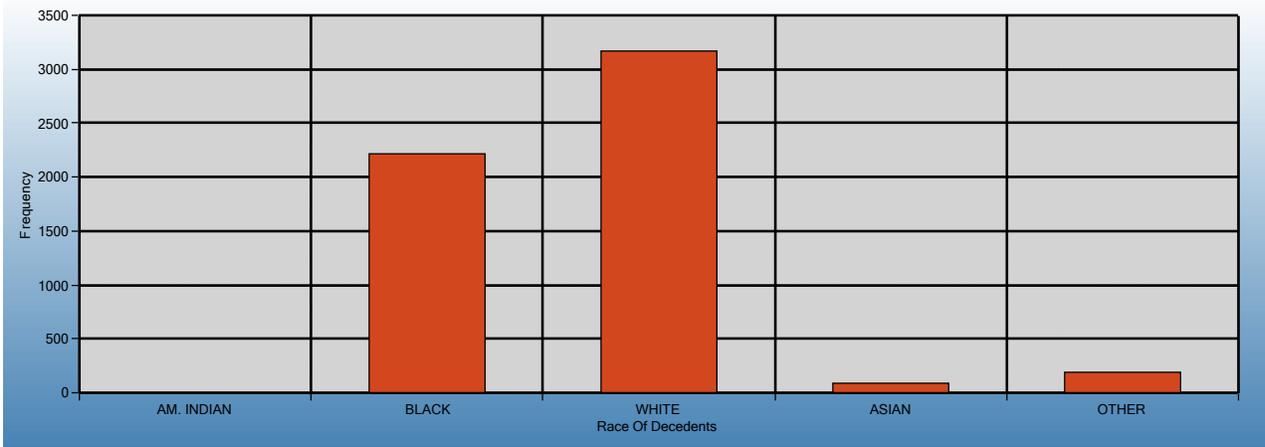
AGE	Frequency	Percent
UNDER 1	101	1.78%
01 to 04	31	0.55%
05 to 09	18	0.32%
10 to 14	24	0.42%
15 to 19	141	2.49%
20 to 24	321	5.66%
25 to 29	326	5.75%
30 to 34	287	5.06%
35 to 39	289	5.10%
40 to 44	327	5.77%
45 to 49	413	7.29%
50 to 54	525	9.26%
55 to 59	686	12.11%
60 to 64	538	9.49%
65 to 69	404	7.13%
70 to 74	303	5.35%
75 to 79	262	4.62%
80 to 84	215	3.79%
85 & OLDER	404	7.13%
UNKNOWN	52	0.92%



RACE OF DECEDENTS

TABLE 4

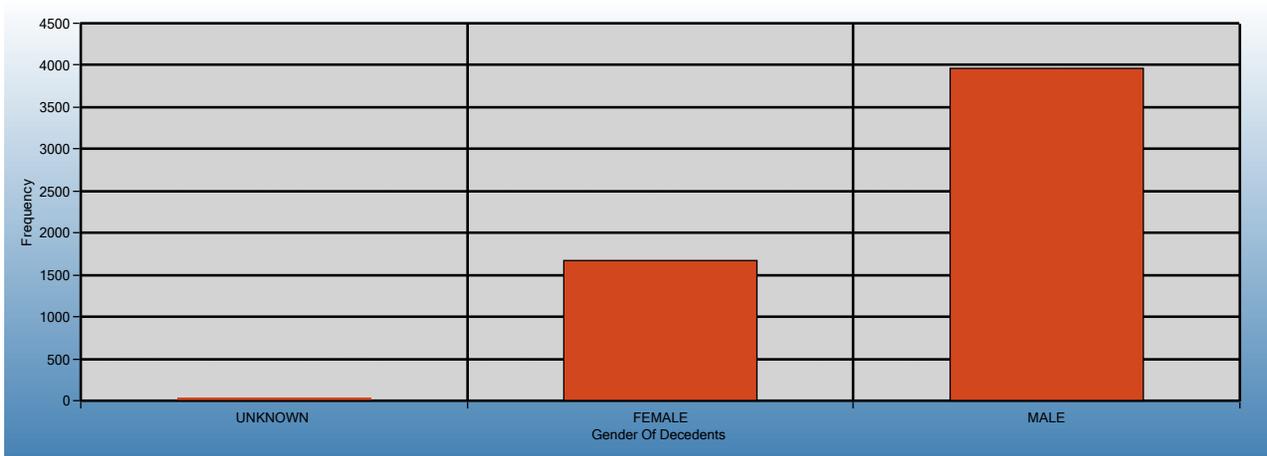
RACE	Frequency	Percent
AM. INDIAN	2	0.04%
BLACK	2216	39.10%
WHITE	3169	55.92%
ASIAN	89	1.57%
OTHER	191	3.37%



GENDER OF DECEDENTS

TABLE 5

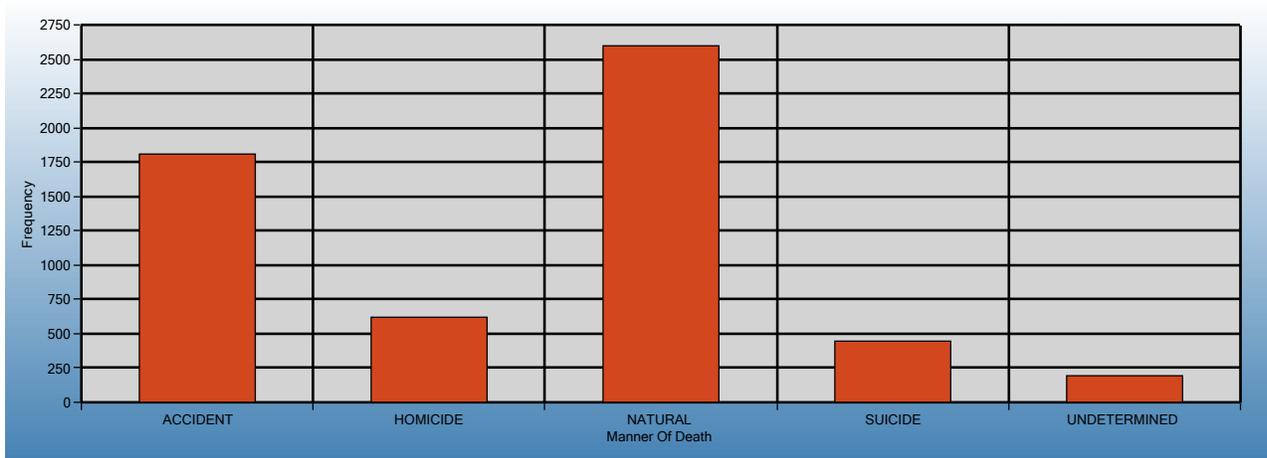
GENDER	Frequency	Percent
MALE	3963	69.93%
FEMALE	1672	29.50%
UNKNOWN	32	0.56%



MANNER OF DEATH

TABLE 6

MANNER	Frequency	Percent
ACCIDENT	1809	31.92%
HOMICIDE	620	10.94%
NATURAL	2598	45.84%
SUICIDE	446	7.87%
UNDETERMINED	194	3.42%



AUTOPSY STATUS

TABLE 7

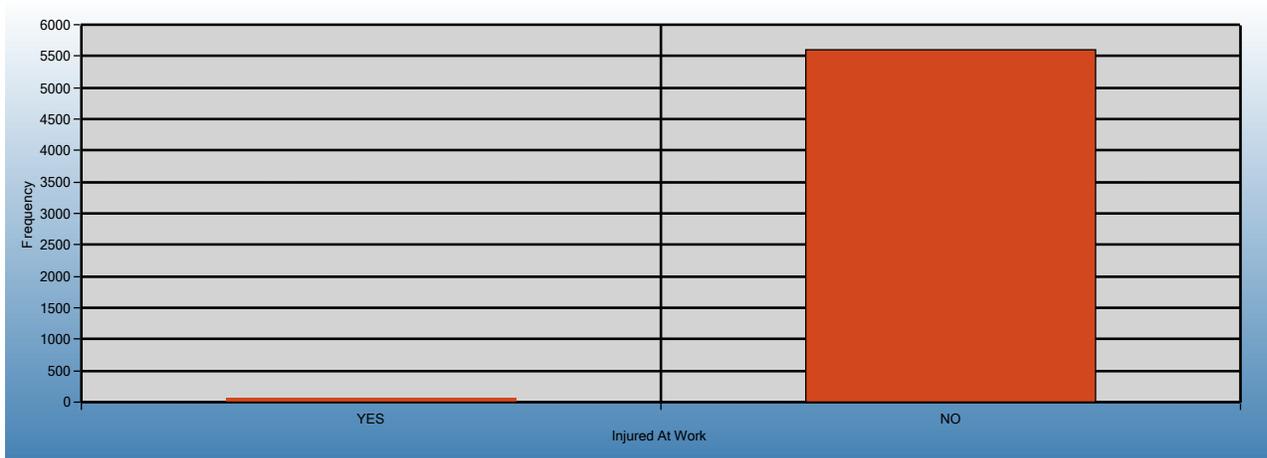
AUTOPSY	Frequency	Percent
YES	2968	55.36%
NO	2393	44.64%



INJURED AT WORK

TABLE 8

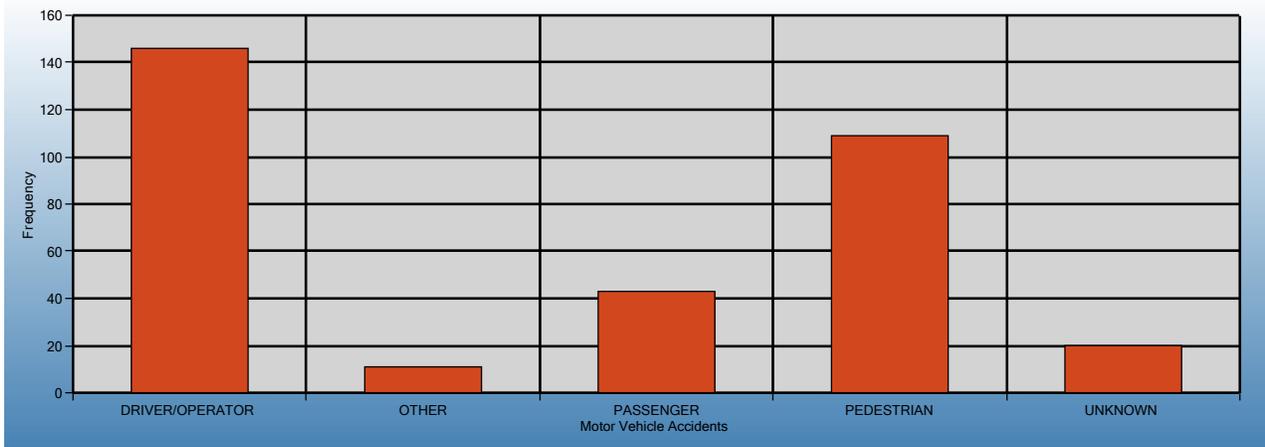
WORK_INJ	Frequency	Percent
YES	65	1.15%
NO	5602	98.85%



MOTOR VEHICLE ACCIDENTS

TABLE 9

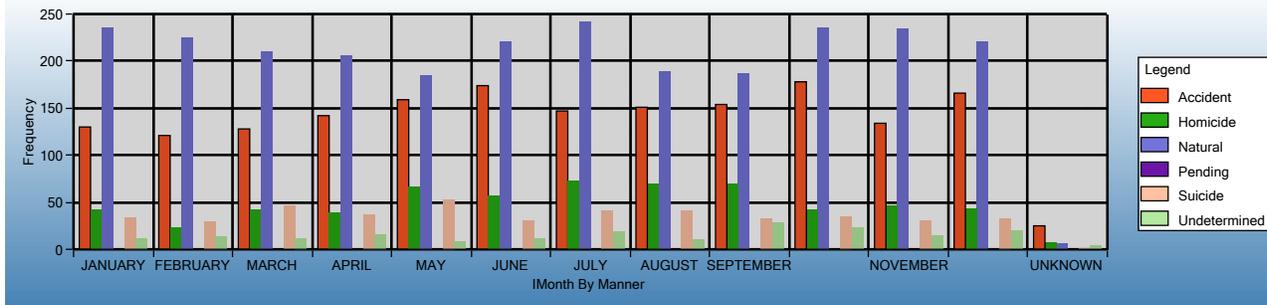
STATUS	Frequency	Percent
DRIVER/OPERATOR	146	44.38%
OTHER	11	3.34%
PASSENGER	43	13.07%
PEDESTRIAN	109	33.13%
UNKNOWN	20	6.08%



MANNER OF DEATH BY MONTH OF INCIDENT RESULTING IN DEATH

TABLE 10

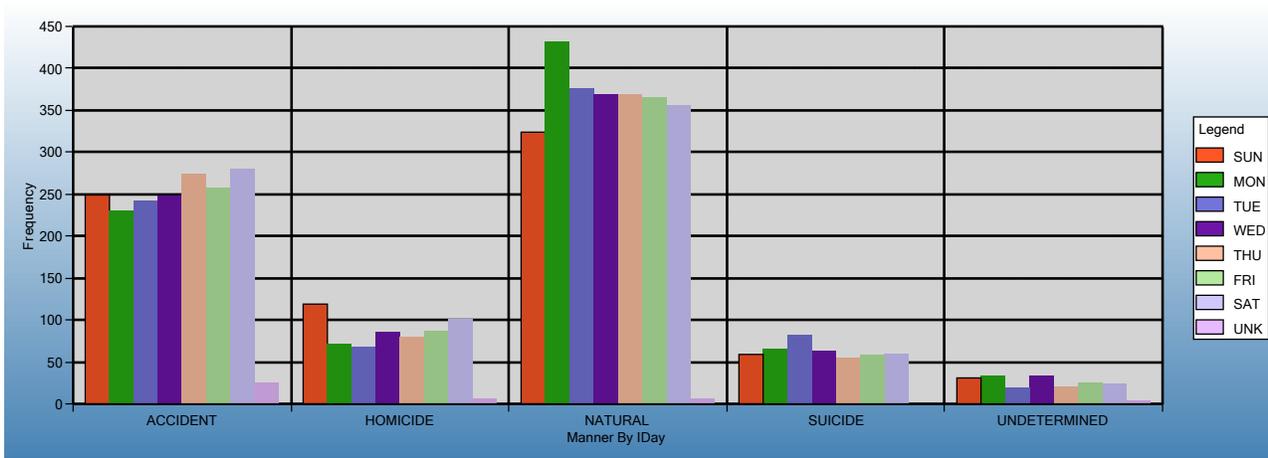
Frequency	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
JANUARY	130	42	236	0	34	12	454
FEBRUARY	121	23	225	0	30	14	413
MARCH	128	42	210	0	46	12	438
APRIL	142	39	206	0	37	16	440
MAY	159	66	185	0	53	8	471
JUNE	174	57	221	0	31	12	495
JULY	147	73	242	0	41	19	522
AUGUST	151	70	189	0	41	10	461
SEPTEMBER	154	70	187	0	33	29	473
OCTOBER	178	42	236	0	35	23	514
NOVEMBER	134	46	234	0	31	15	460
DECEMBER	166	43	221	0	33	20	483
UNKNOWN	25	7	6	0	1	4	43
Total	1809	620	2598	0	446	194	5667



MANNER OF DEATH BY WEEKDAY OF INCIDENT RESULTING IN DEATH

TABLE 11

Frequency	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	UNKNOWN	Total
ACCIDENT	249	231	243	248	275	258	280	25	1809
HOMICIDE	119	72	68	86	80	87	101	7	620
NATURAL	324	432	376	369	369	366	356	6	2598
SUICIDE	59	66	83	63	55	59	60	1	446
UNDETERMINED	31	34	20	34	21	26	24	4	194
Total	782	835	790	800	800	796	821	43	5667

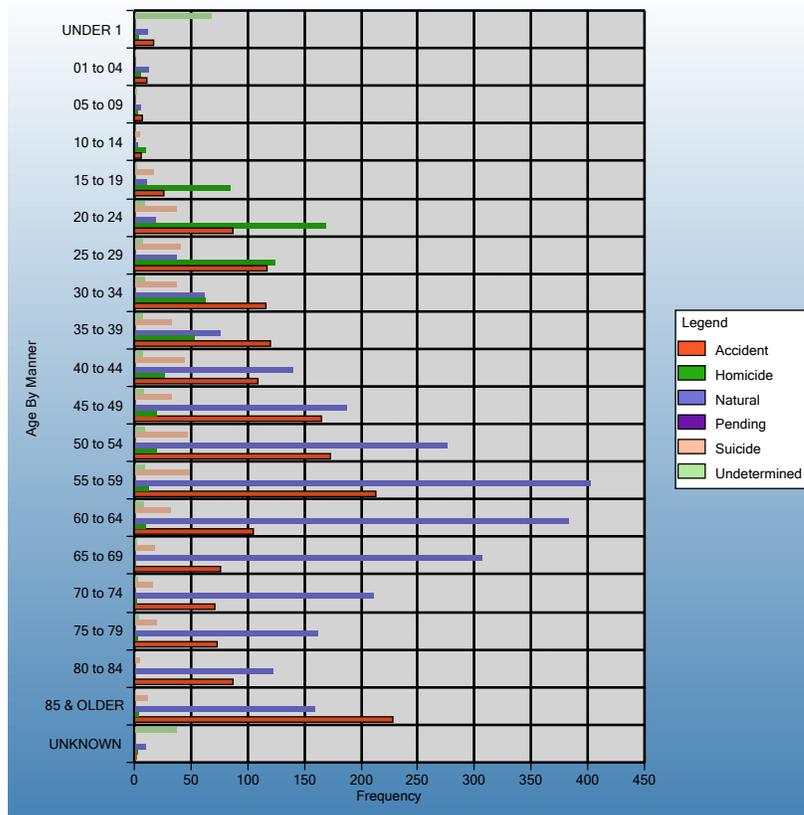


MANNER OF DEATH BY AGE OF DECEDENT

TABLE 12

Table of AGE by MANNER

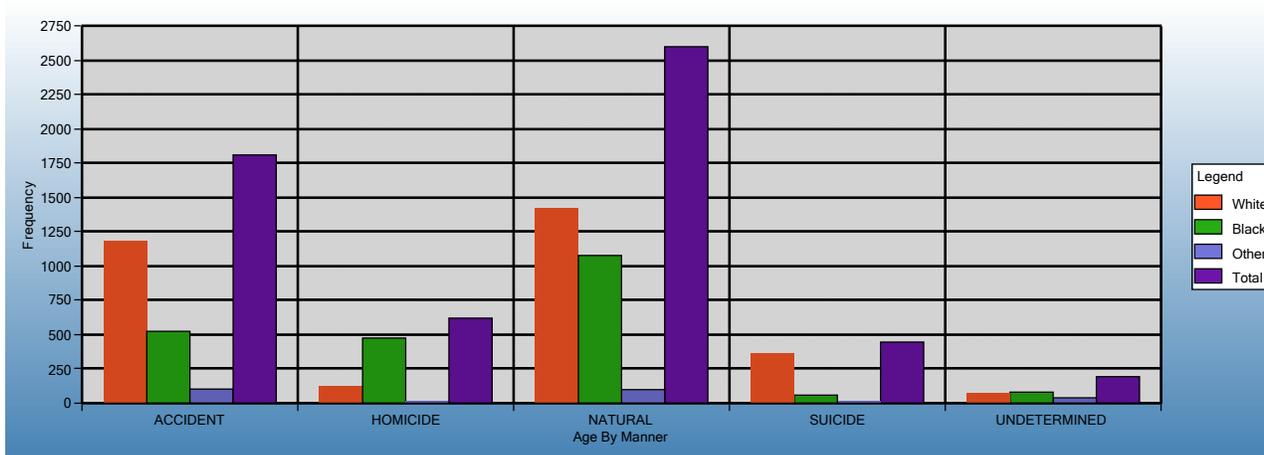
AGE	MANNER						
Frequency	ACC	HOM	NAT	PEN	SUI	UND	Ttl
UNDER 1	17	4	12	0	0	68	101
01 to 04	11	6	13	0	0	1	31
05 to 09	7	3	6	0	0	2	18
10 to 14	6	10	3	0	5	0	24
15 to 19	26	85	11	0	17	2	141
20 to 24	87	169	19	0	37	9	321
25 to 29	117	124	37	0	41	7	326
30 to 34	116	63	62	0	37	9	287
35 to 39	120	53	76	0	33	7	289
40 to 44	109	27	140	0	44	7	327
45 to 49	165	20	187	0	33	8	413
50 to 54	173	20	276	0	47	9	525
55 to 59	213	13	402	0	49	9	686
60 to 64	105	10	383	0	32	8	538
65 to 69	76	1	307	0	18	2	404
70 to 74	71	2	211	0	16	3	303
75 to 79	73	3	162	0	20	4	262
80 to 84	87	0	122	0	5	1	215
85 & OLDER	228	4	159	0	12	1	404
UNKNOWN	2	3	10	0	0	37	52
Total	1809	620	2598	0	446	194	5667



MANNER OF DEATH BY RACE OF DECEDENT

TABLE 13

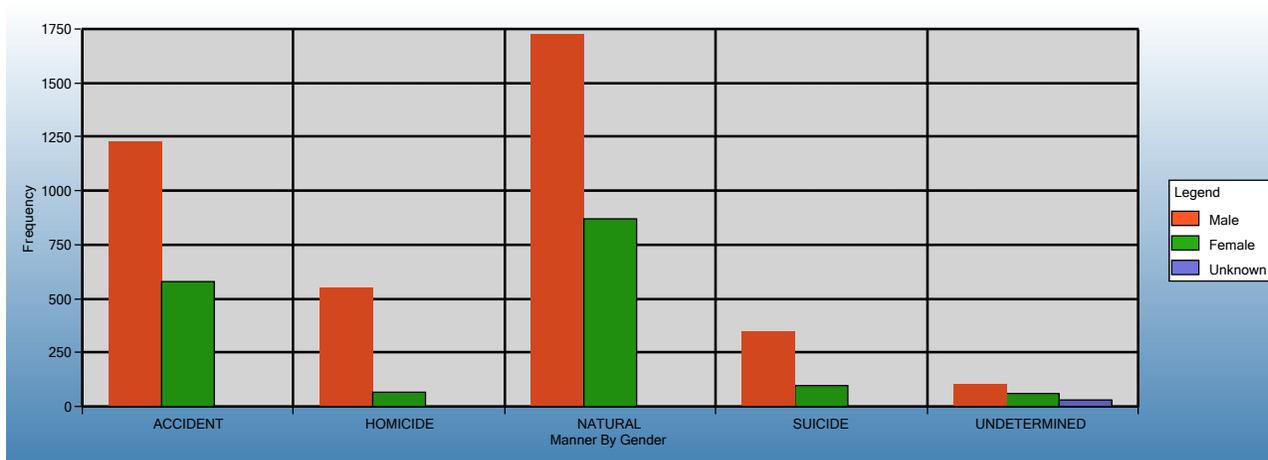
MANNER	RACE			Total
	WHITE	BLACK	OTHER	
Frequency				
ACCIDENT	1182	524	103	1809
HOMICIDE	126	475	19	620
NATURAL	1422	1077	99	2598
SUICIDE	366	59	21	446
UNDETERMINED	73	81	40	194
Total	3169	2216	282	5667



MANNER OF DEATH BY GENDER OF DECEDENT

TABLE 14

MANNER	GENDER			Total
	MALE	FEMALE	UNKNOWN	
ACCIDENT	1229	579	1	1809
HOMICIDE	553	66	1	620
NATURAL	1728	870	0	2598
SUICIDE	349	97	0	446
UNDETERMINED	104	60	30	194
Total	3963	1672	32	5667

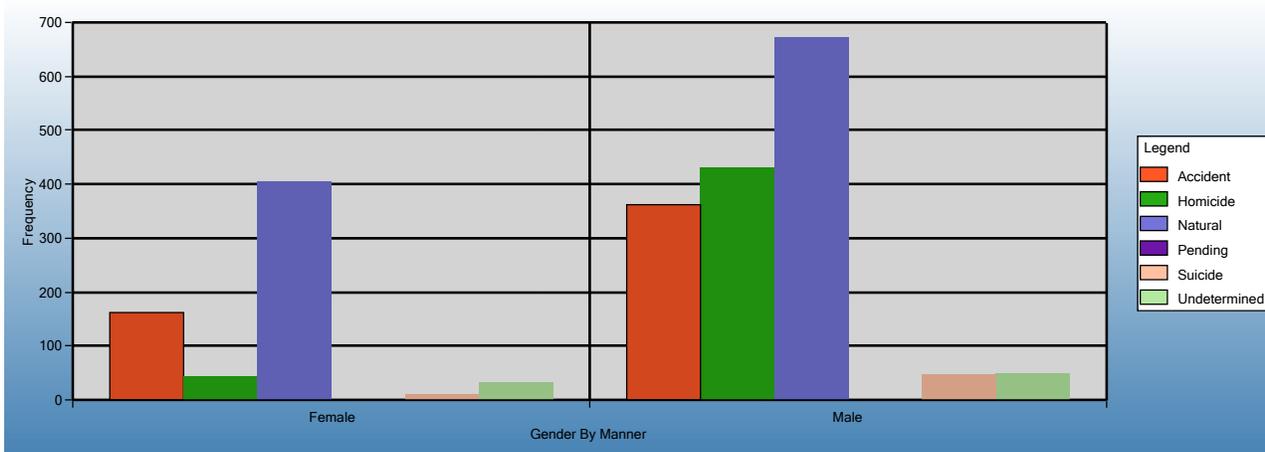


MANNER OF DEATH BY RACE AND GENDER OF DECEDENT

TABLE 15 A

RACE: BLACK

Frequency	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
Female	162	44	404	0	11	32	653
Male	362	431	673	0	48	49	1563
Total	524	475	1077	0	59	81	2216

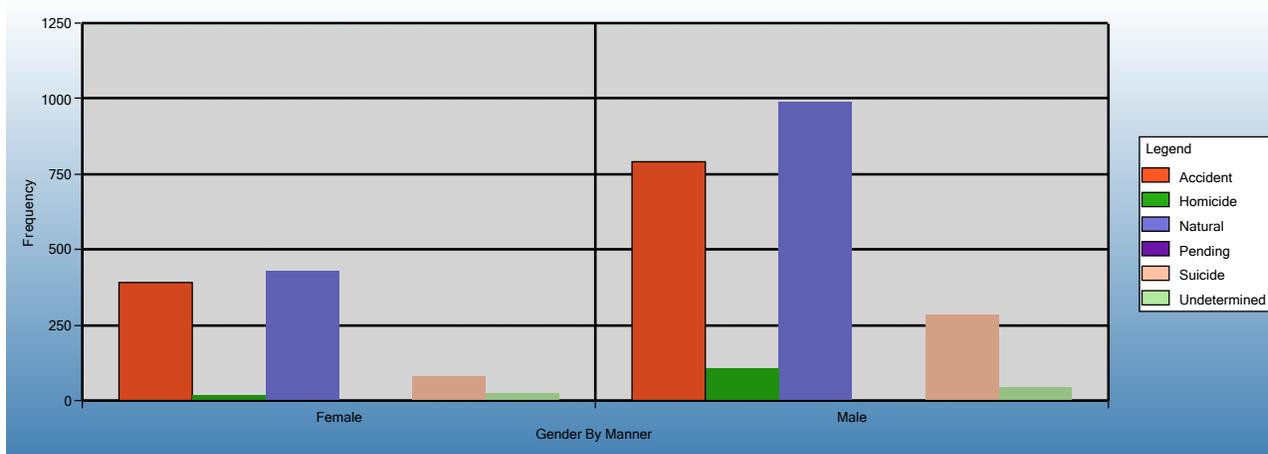


MANNER OF DEATH BY RACE AND GENDER OF DECEDENT

TABLE 15 B

RACE: WHITE

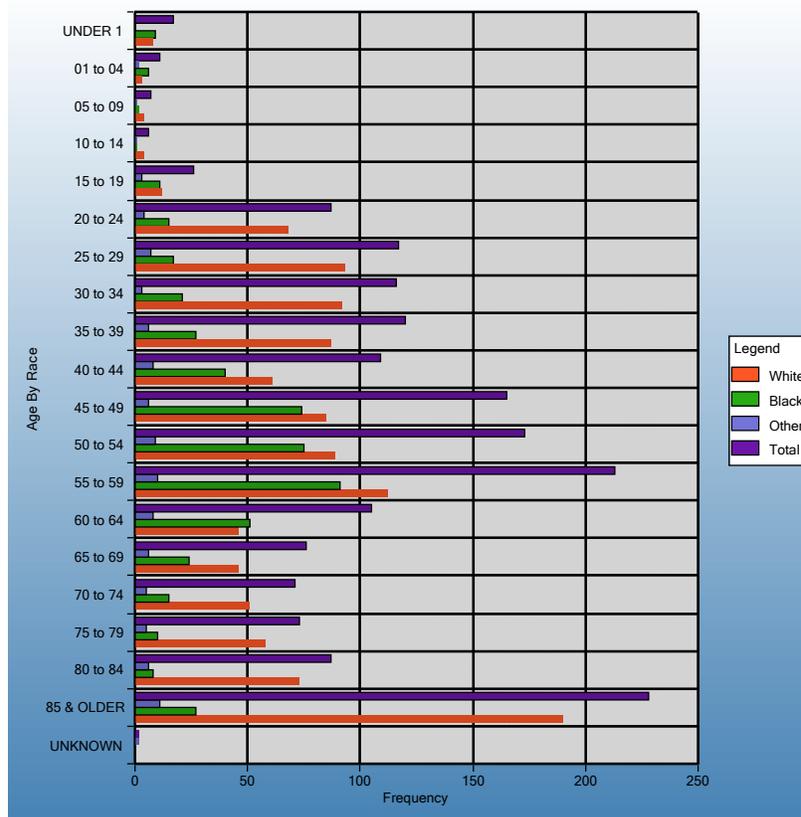
Frequency	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
Female	391	18	431	0	82	26	948
Male	791	108	991	0	284	46	2220
Total	1182	126	1422	0	366	72	3168



AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-A

Manner	ACCIDENT	Gender	ALL	
Table of AGE by RACE				
AGE	RACE			
Frequency	WHITE	BLACK	OTHER TTL	
UNDER 1	8	9	0	17
01 to 04	3	6	2	11
05 to 09	4	2	1	7
10 to 14	4	1	1	6
15 to 19	12	11	3	26
20 to 24	68	15	4	87
25 to 29	93	17	7	117
30 to 34	92	21	3	116
35 to 39	87	27	6	120
40 to 44	61	40	8	109
45 to 49	85	74	6	165
50 to 54	89	75	9	173
55 to 59	112	91	10	213
60 to 64	46	51	8	105
65 to 69	46	24	6	76
70 to 74	51	15	5	71
75 to 79	58	10	5	73
80 to 84	73	8	6	87
85 & OLDER	190	27	11	228
UNKNOWN	0	0	2	2
Total	1182	524	103	1809

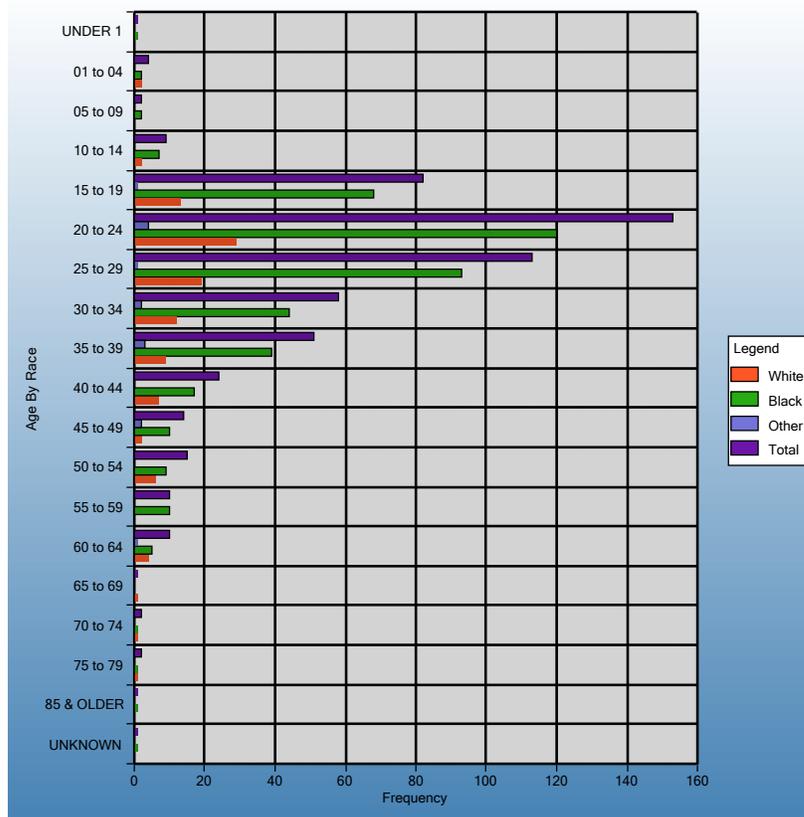


AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-B

Manner HOMICIDE Gender MALE
Table of AGE by RACE

AGE	RACE			TTL
	WHITE	BLACK	OTHER	
Frequency				
UNDER 1	0	1	0	1
01 to 04	2	2	0	4
05 to 09	0	2	0	2
10 to 14	2	7	0	9
15 to 19	13	68	1	82
20 to 24	29	120	4	153
25 to 29	19	93	1	113
30 to 34	12	44	2	58
35 to 39	9	39	3	51
40 to 44	7	17	0	24
45 to 49	2	10	2	14
50 to 54	6	9	0	15
55 to 59	0	10	0	10
60 to 64	4	5	1	10
65 to 69	1	0	0	1
70 to 74	1	1	0	2
75 to 79	1	1	0	2
85 & OLDER	0	1	0	1
UNKNOWN	0	1	0	1
Total	108	431	14	553

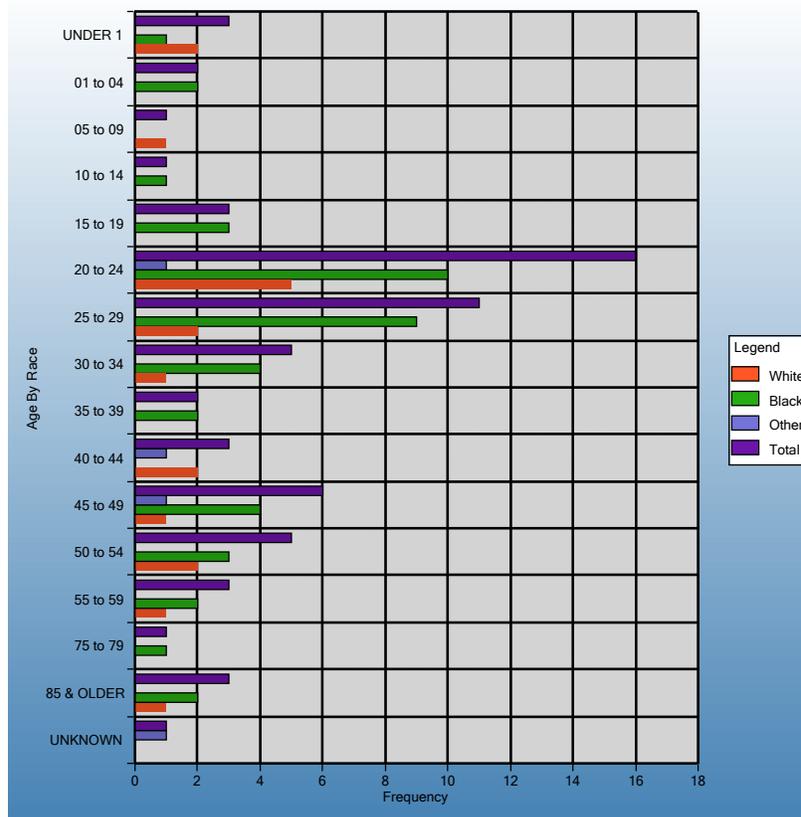


AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-C

Manner HOMICIDE Gender FEMALE
Table of AGE by RACE

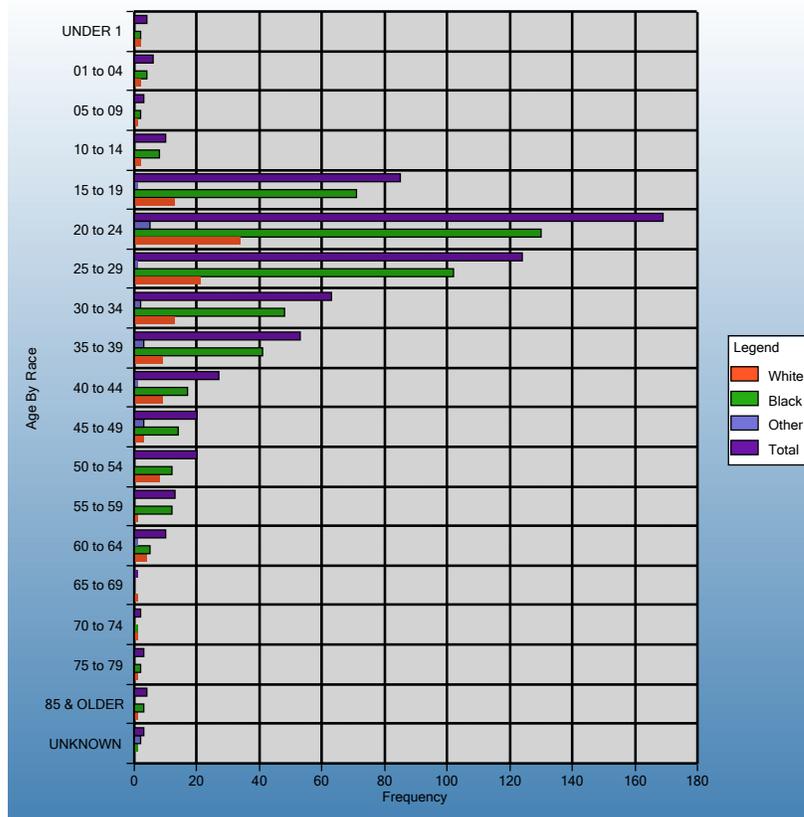
AGE	RACE			TTL
	WHITE	BLACK	OTHER	
Frequency				
UNDER 1	2	1	0	3
01 to 04	0	2	0	2
05 to 09	1	0	0	1
10 to 14	0	1	0	1
15 to 19	0	3	0	3
20 to 24	5	10	1	16
25 to 29	2	9	0	11
30 to 34	1	4	0	5
35 to 39	0	2	0	2
40 to 44	2	0	1	3
45 to 49	1	4	1	6
50 to 54	2	3	0	5
55 to 59	1	2	0	3
75 to 79	0	1	0	1
85 & OLDER	1	2	0	3
UNKNOWN	0	0	1	1
Total	18	44	4	66



AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-D

Manner	HOMICIDE	Gender	ALL	
Table of AGE by RACE				
AGE	RACE			
Frequency	WHITE	BLACK	OTHER TTL	
UNDER 1	2	2	0	4
01 to 04	2	4	0	6
05 to 09	1	2	0	3
10 to 14	2	8	0	10
15 to 19	13	71	1	85
20 to 24	34	130	5	169
25 to 29	21	102	1	124
30 to 34	13	48	2	63
35 to 39	9	41	3	53
40 to 44	9	17	1	27
45 to 49	3	14	3	20
50 to 54	8	12	0	20
55 to 59	1	12	0	13
60 to 64	4	5	1	10
65 to 69	1	0	0	1
70 to 74	1	1	0	2
75 to 79	1	2	0	3
85 & OLDER	1	3	0	4
UNKNOWN	0	1	2	3
Total	126	475	19	620

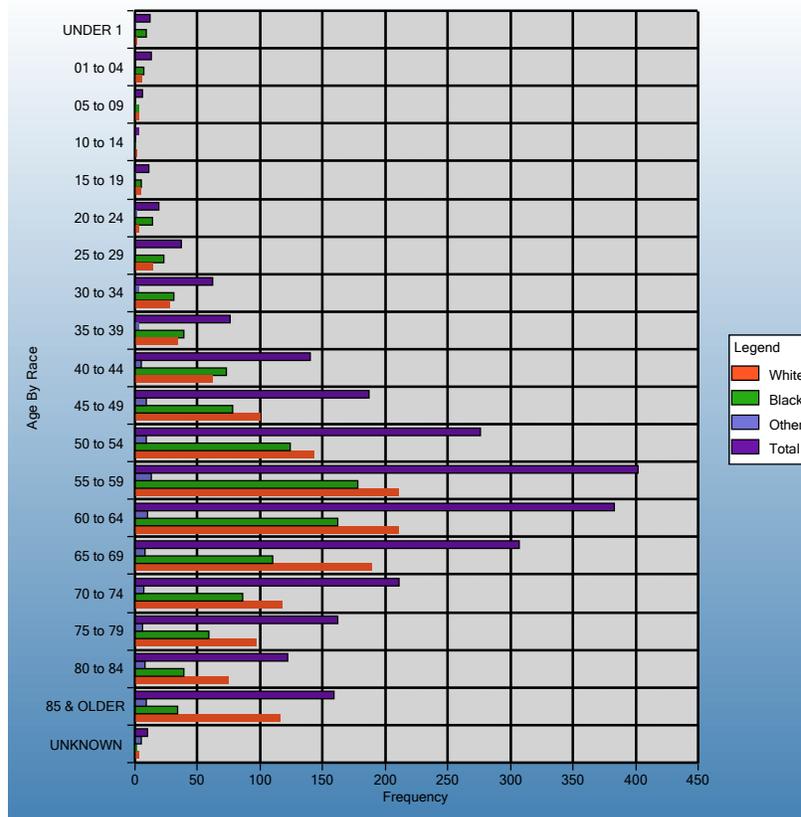


AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-E

Manner NATURAL Gender ALL
Table of AGE by RACE

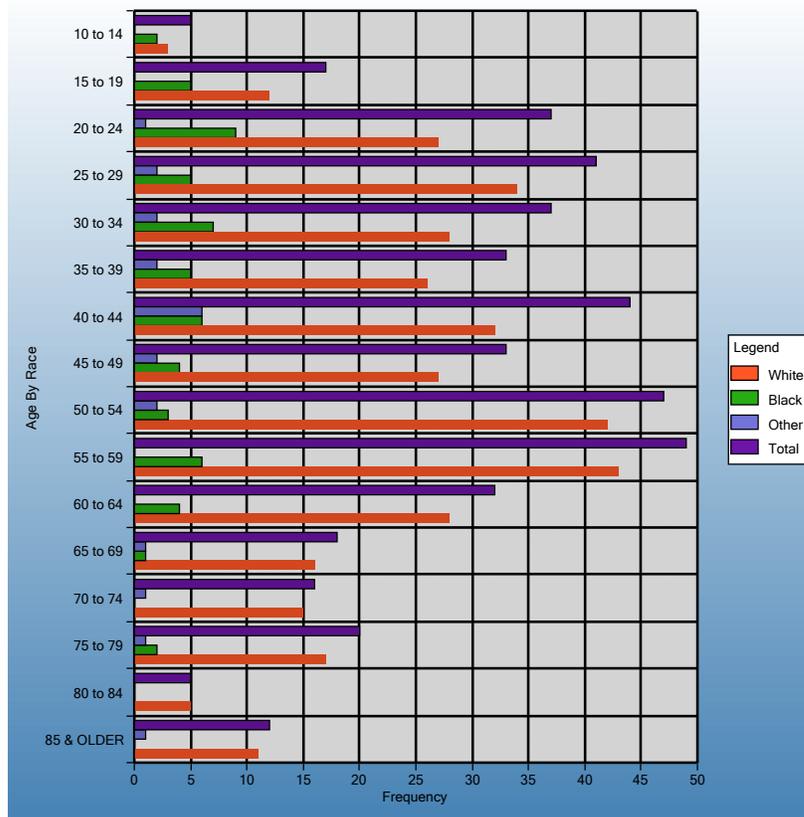
AGE	RACE			TTL
	WHITE	BLACK	OTHER	
Frequency				
UNDER 1	2	9	1	12
01 to 04	6	7	0	13
05 to 09	3	3	0	6
10 to 14	2	1	0	3
15 to 19	5	5	1	11
20 to 24	3	14	2	19
25 to 29	14	23	0	37
30 to 34	28	31	3	62
35 to 39	34	39	3	76
40 to 44	62	73	5	140
45 to 49	100	78	9	187
50 to 54	143	124	9	276
55 to 59	211	178	13	402
60 to 64	211	162	10	383
65 to 69	189	110	8	307
70 to 74	118	86	7	211
75 to 79	97	59	6	162
80 to 84	75	39	8	122
85 & OLDER	116	34	9	159
UNKNOWN	3	2	5	10
Total	1422	1077	99	2598



AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-F

Manner	SUICIDE	Gender	ALL	
Table of AGE by RACE				
AGE	RACE			
Frequency	WHITE	BLACK	OTHER	TTL
10 to 14	3	2	0	5
15 to 19	12	5	0	17
20 to 24	27	9	1	37
25 to 29	34	5	2	41
30 to 34	28	7	2	37
35 to 39	26	5	2	33
40 to 44	32	6	6	44
45 to 49	27	4	2	33
50 to 54	42	3	2	47
55 to 59	43	6	0	49
60 to 64	28	4	0	32
65 to 69	16	1	1	18
70 to 74	15	0	1	16
75 to 79	17	2	1	20
80 to 84	5	0	0	5
85 & OLDER	11	0	1	12
Total	366	59	21	446

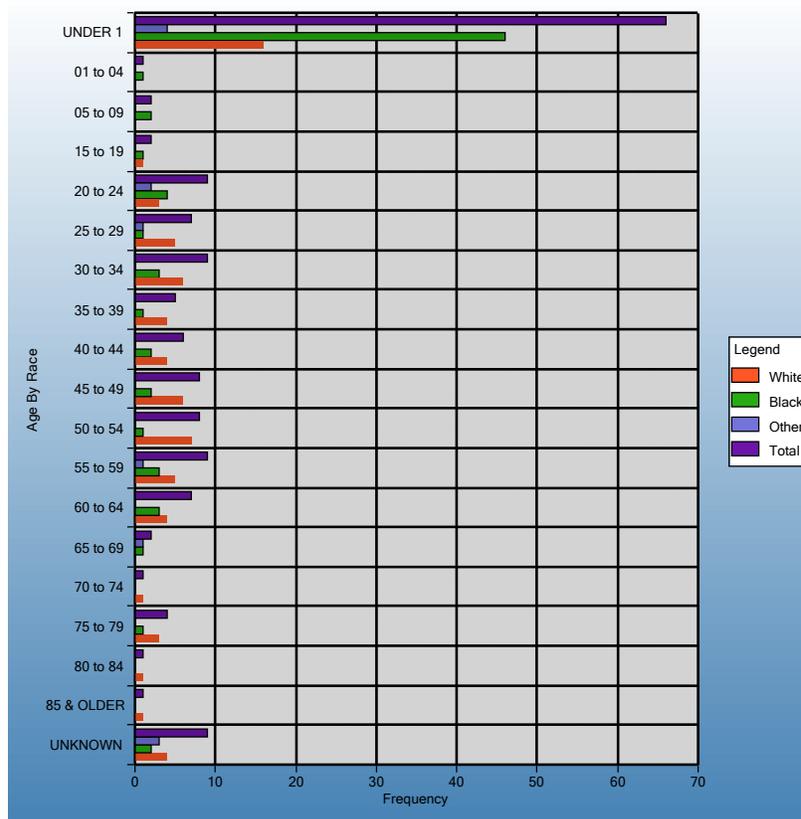


AGE AND RACE OF DECEDENTS BY GENDER AND MANNER

TABLE 16-G

Manner UNDETERMINED Gender ALL
Table of AGE by RACE

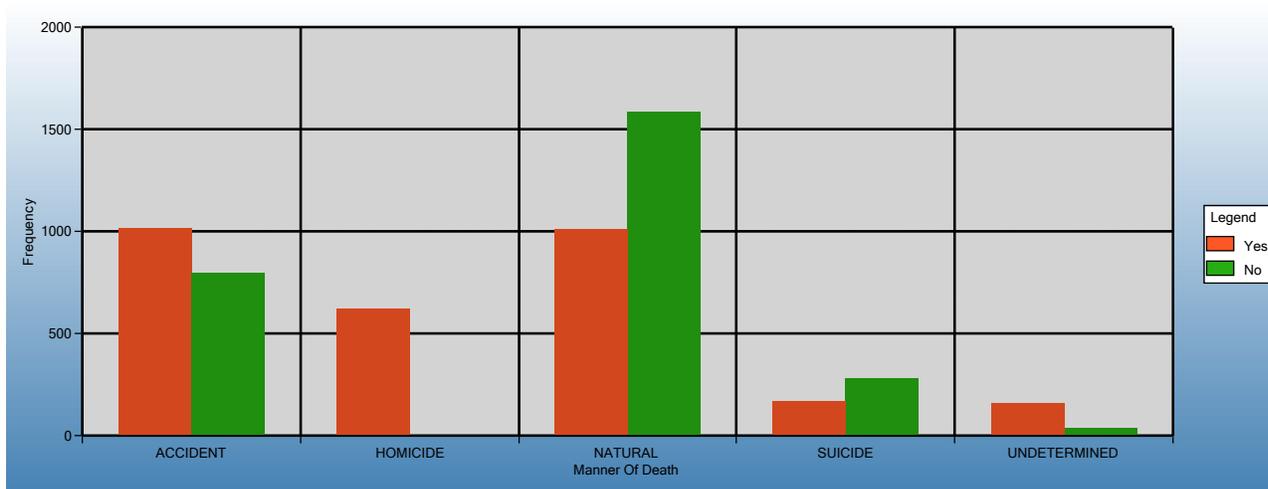
AGE	RACE			TTL
	WHITE	BLACK	OTHER	
Frequency				
UNDER 1	16	46	4	66
01 to 04	0	1	0	1
05 to 09	0	2	0	2
15 to 19	1	1	0	2
20 to 24	3	4	2	9
25 to 29	5	1	1	7
30 to 34	6	3	0	9
35 to 39	4	1	0	5
40 to 44	4	2	0	6
45 to 49	6	2	0	8
50 to 54	7	1	0	8
55 to 59	5	3	1	9
60 to 64	4	3	0	7
65 to 69	0	1	1	2
70 to 74	1	0	0	1
75 to 79	3	1	0	4
80 to 84	1	0	0	1
85 & OLDER	1	0	0	1
UNKNOWN	4	2	3	9
Total	71	74	12	157



MANNER OF DEATH BY AUTOPSY STATUS

TABLE 17

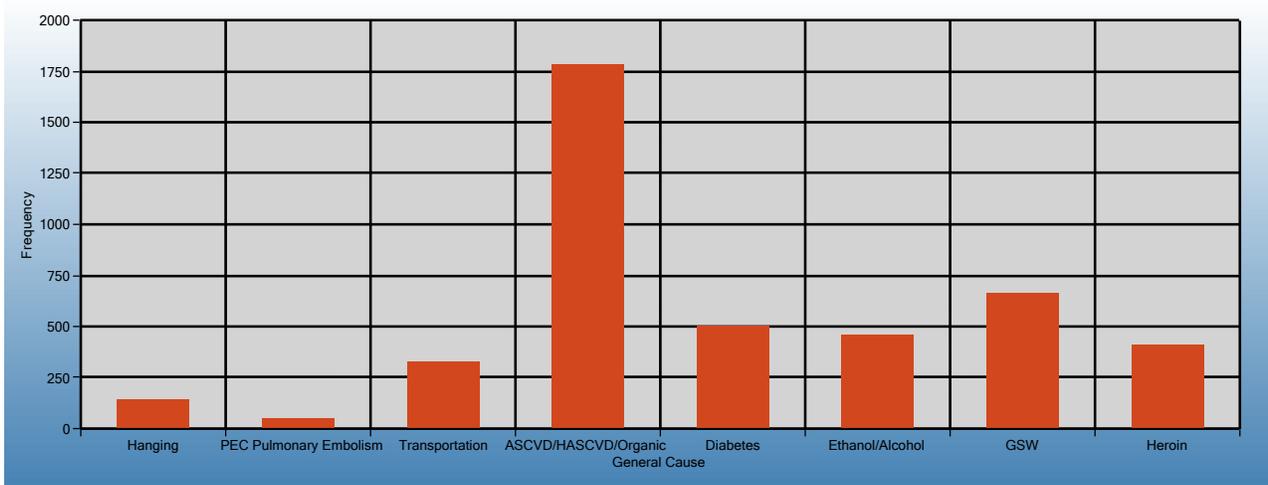
MANNER	AUTOPSY		Total
	YES	NO	
ACCIDENT	1015	794	1809
HOMICIDE	619	1	620
NATURAL	1012	1586	2598
SUICIDE	166	280	446
UNDETERMINED	156	38	194
Total	2968	2699	5667



CAUSE OF DEATH (GENERAL)

TABLE 18

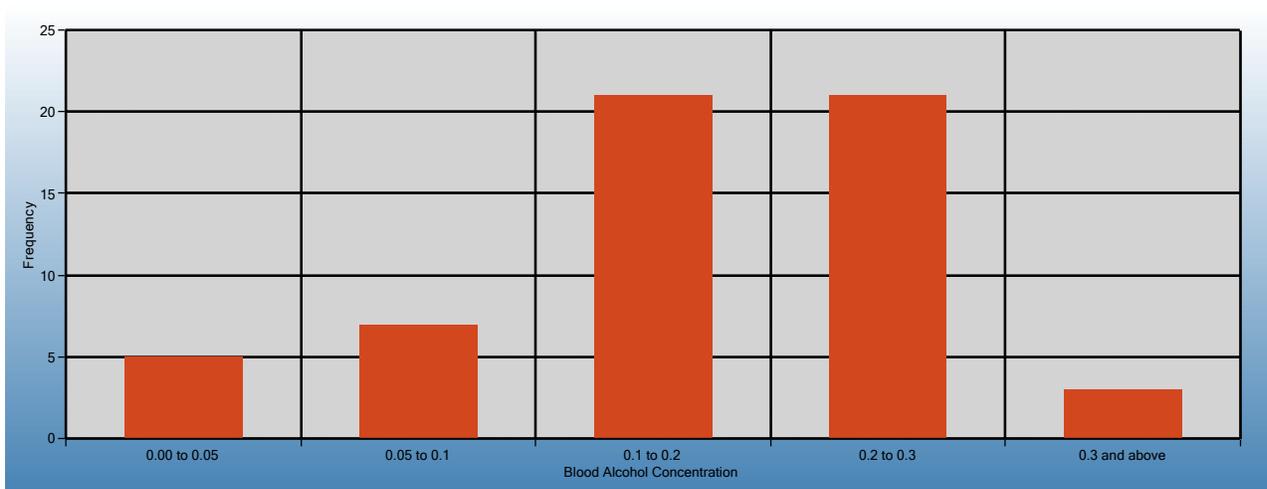
Cause	Frequency	Percent	Cumulative Percent
ASCVD/HASCVD/Organic	1783	31.46%	31.46%
GSW	665	11.73%	43.20%
Diabetes	504	8.89%	52.09%
Ethanol/Alcohol	460	8.12%	60.21%
Heroin	413	7.29%	67.50%
Transportation	329	5.81%	73.30%
Hanging	146	2.58%	75.88%
PEC Pulmonary Embolism	53	0.94%	76.81%



DRIVER BLOOD ALCOHOL CONCENTRATION IN TRAFFIC ACCIDENTS

TABLE 19

BAC	Frequency	Percent
0.00 to 0.05	5	4.76%
0.05 to 0.1	7	6.67%
0.1 to 0.2	21	20.00%
0.2 to 0.3	21	20.00%
0.3 and above	3	2.86%

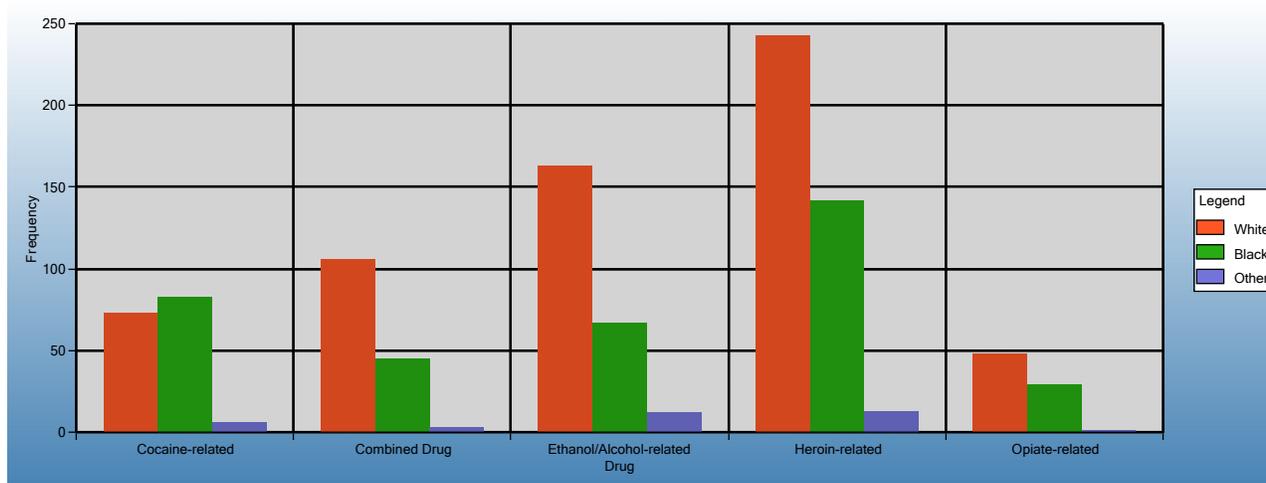


FREQUENT CAUSES OF ACCIDENTAL OVERDOSE BY RACE

TABLE 20

DRUG	White	Black	Other	Total
Cocaine-related	73	83	6	162
Combined Drug	106	45	3	154
Ethanol/Alcohol-related	163	67	12	242
Heroin-related	243	142	13	398
Opiate-related	48	29	1	78

* Note: Some deaths may be counted twice (e.g. heroin and alcohol toxicity)

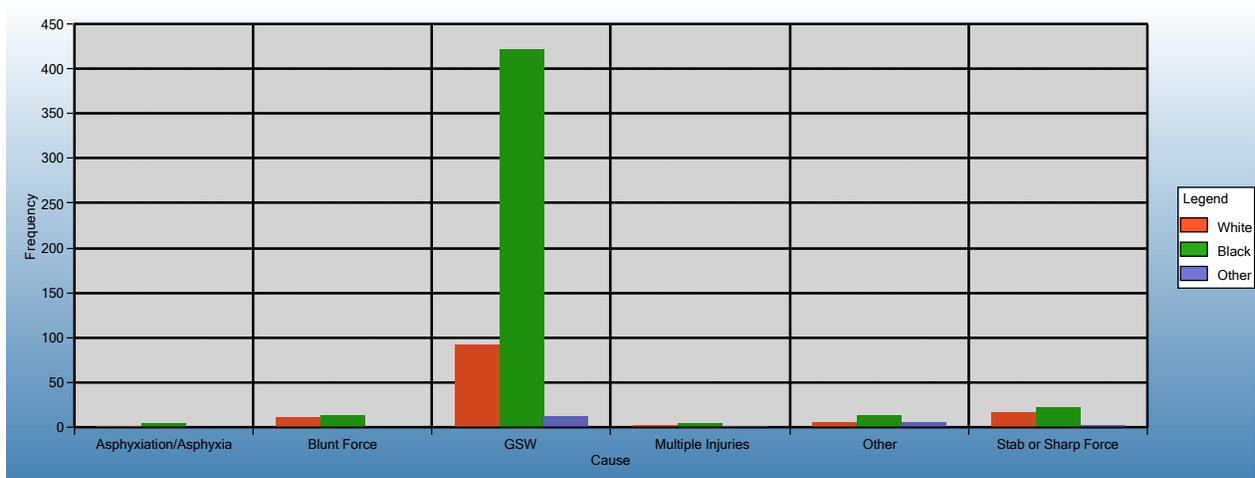


FREQUENT CAUSES OF DEATH FOR HOMICIDE BY RACE

TABLE 21

CAUSE	White	Black	Other	Total
Asphyxiation/Asphyxia	1	4	0	5
Blunt Force	11	13	0	24
Gun Shot Wound	92	422	12	526
Multiple Injuries	2	4	1	7
Other	5	13	5	23
Stab or Sharp Force	17	22	2	41

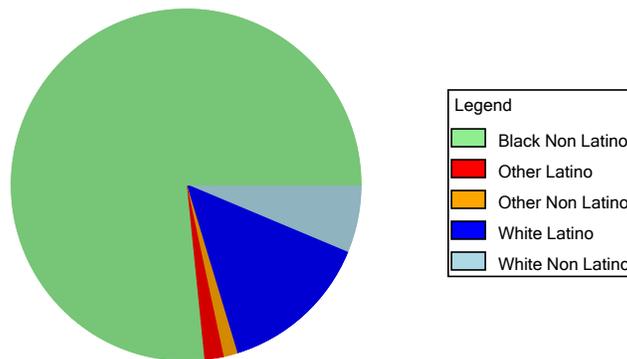
Note: There are cases counted under both Stab or Sharp Force and Blunt Force causes



FREQUENCY OF HOMICIDES BY RACE

TABLE 22

	2014		2015	
	#	% of Total	#	% of Total
White Latino	76	13.8%	87	14.03%
White Non-Latino	46	8.3%	39	6.29%
Black Latino	1	0.2%	0	0.00%
Black Non-Latino	412	74.8%	475	76.61%
Other Latino	8	1.5%	11	1.77%
Other Non-Latino	8	1.5%	8	1.29%
Total	551	100%	620	100%



FREQUENCY OF GUNSHOT WOUND HOMICIDES BY RACE

TABLE 23

	2014		2015	
	#	% of Total	#	% of Total
White Latino	58	12.7%	67	12.74%
White Non-Latino	25	5.5%	25	4.75%
Black Latino	1	0.2%	0	0.00%
Black Non-Latino	360	79.1%	422	80.23%
Other Latino	6	1.3%	9	1.71%
Other Non-Latino	5	1.1%	3	0.57%
Total	455	100%	526	100%

FREQUENCY OF HOMICIDES FROM GUNSHOT WOUND BY RACE

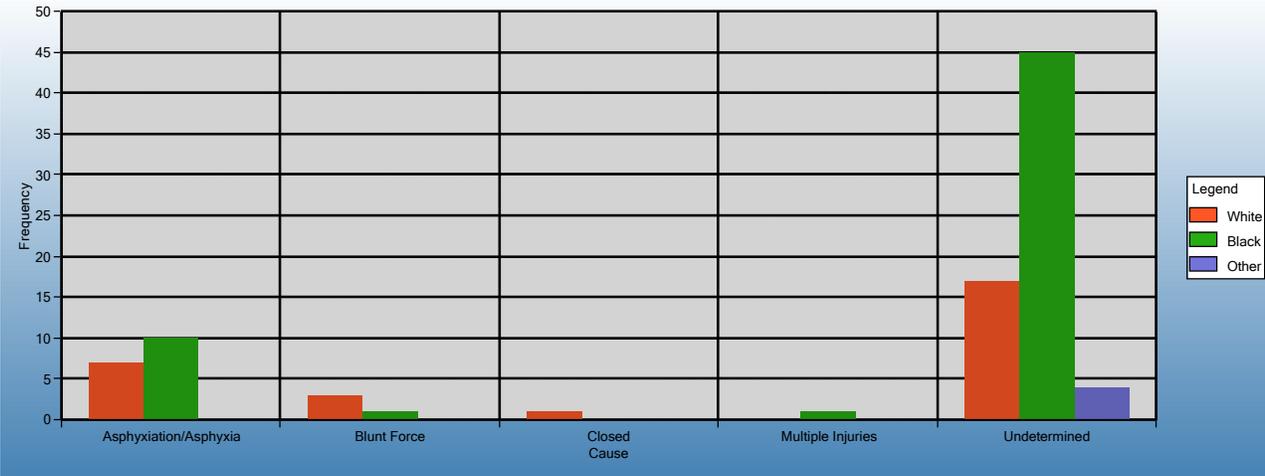
TABLE 24

	2014	2015
	% of Total	% of Total
White Latino	76.3%	11.11%
White Non-Latino	54.3%	4.15%
Black Latino	100.0%	0.00%
Black Non-Latino	87.4%	69.98%
Other Latino	75.0%	1.49%
Other Non-Latino	62.5%	0.50%
Total	82.6%	87.23%

FREQUENT CAUSES OF INFANT DEATH BY RACE

TABLE 25

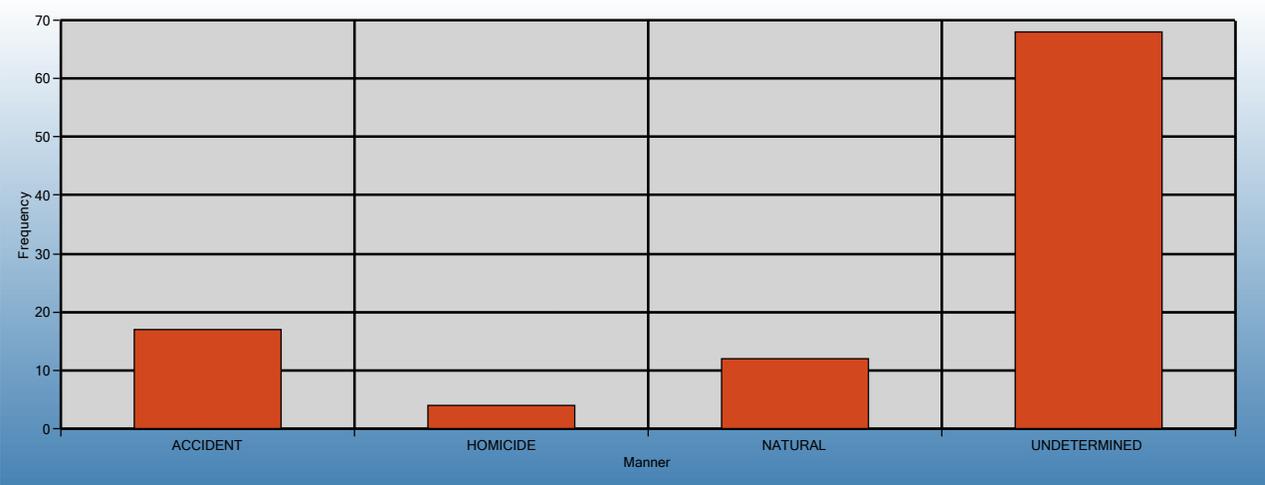
CAUSE	White	Black	Other	Total
Asphyxiation/Asphyxia	7	10	0	17
Blunt Force	3	1	0	4
Closed	1	0	0	1
Multiple Injuries	0	1	0	1
Undetermined	17	45	4	66



INFANT DEATHS BY MANNER

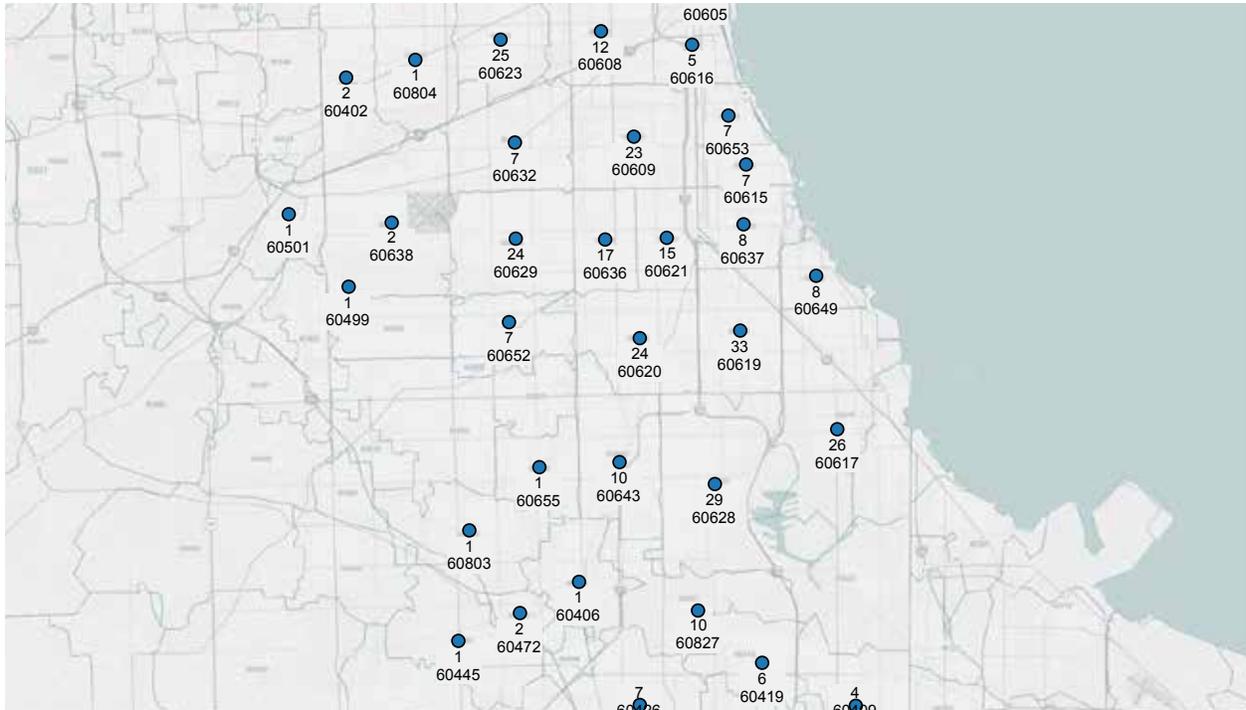
TABLE 26

MANNER	Frequency
ACCIDENT	17
HOMICIDE	4
NATURAL	12
UNDETERMINED	68
Total	101



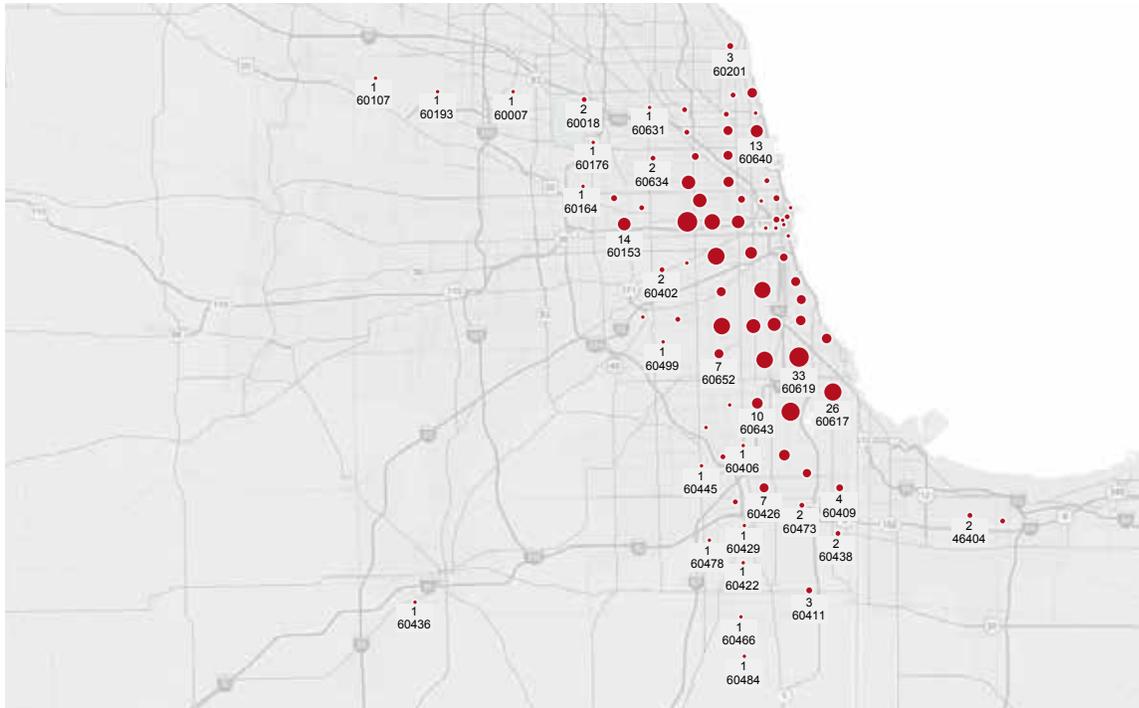
HOMICIDE HOTSPOTS

MAP 1



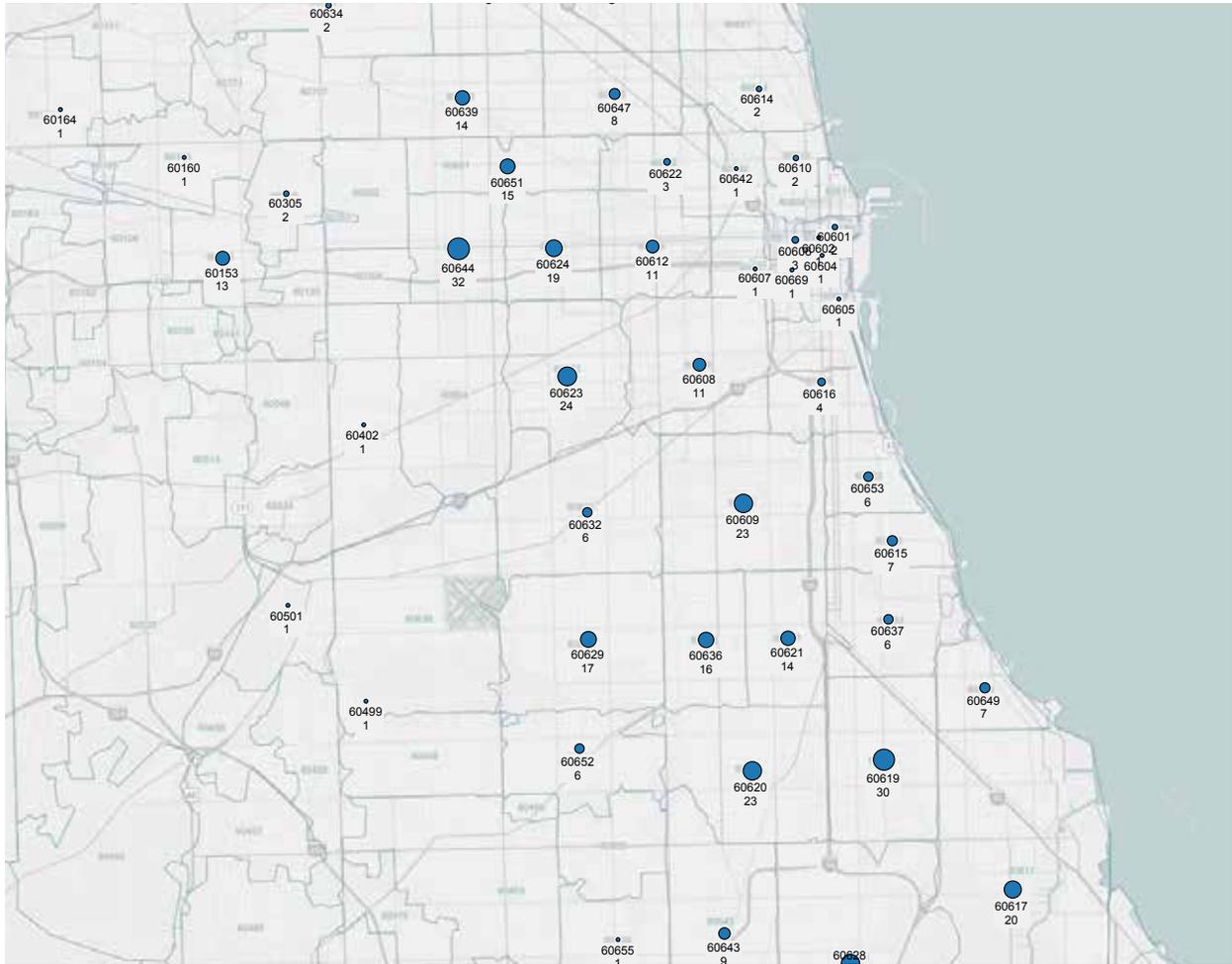
HOMICIDE BY INCIDENT ZIPCODE

MAP 2

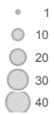


GUNSHOT HOMICIDE HOTSPOTS

MAP 3

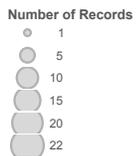
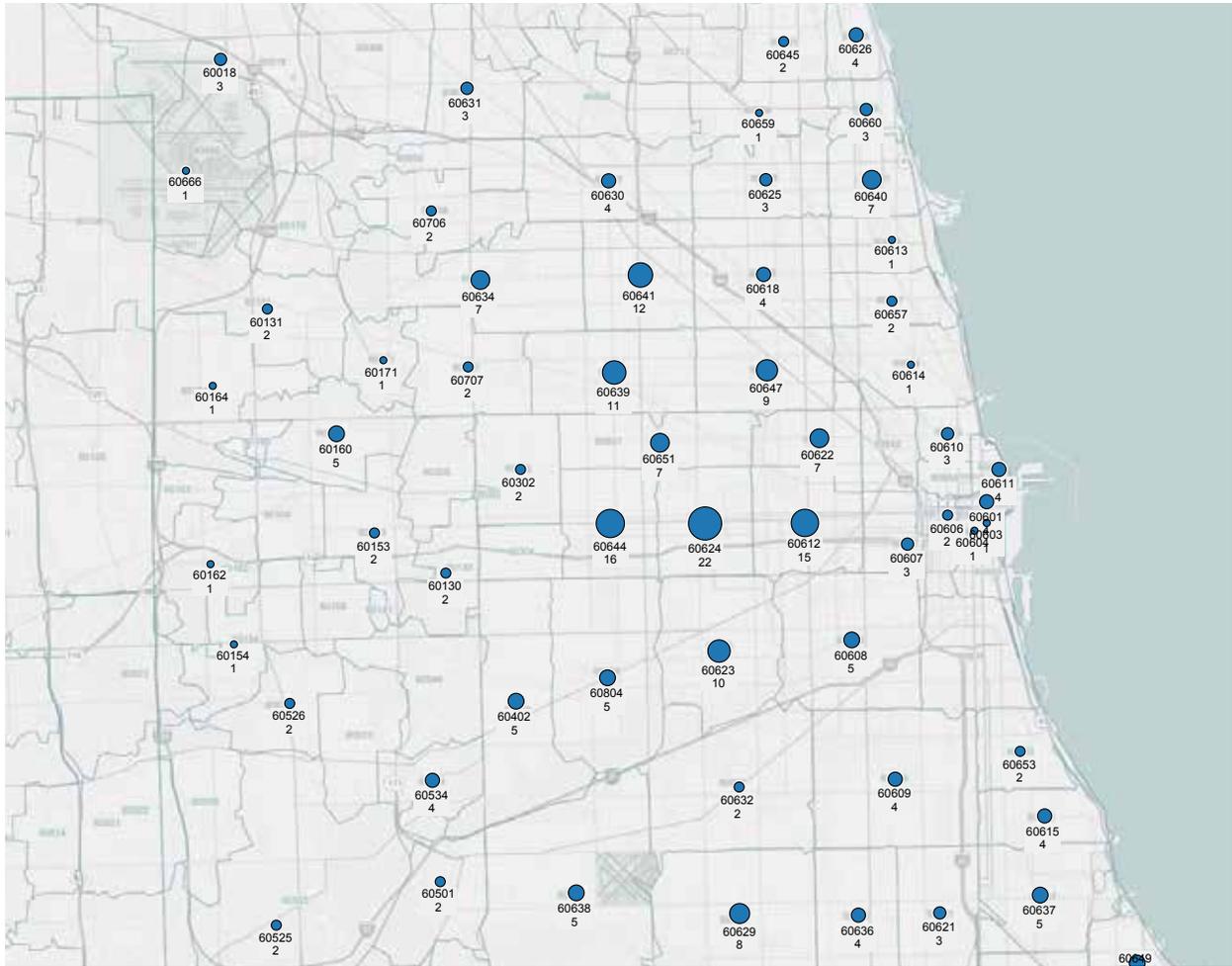


Number of Rec



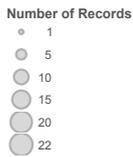
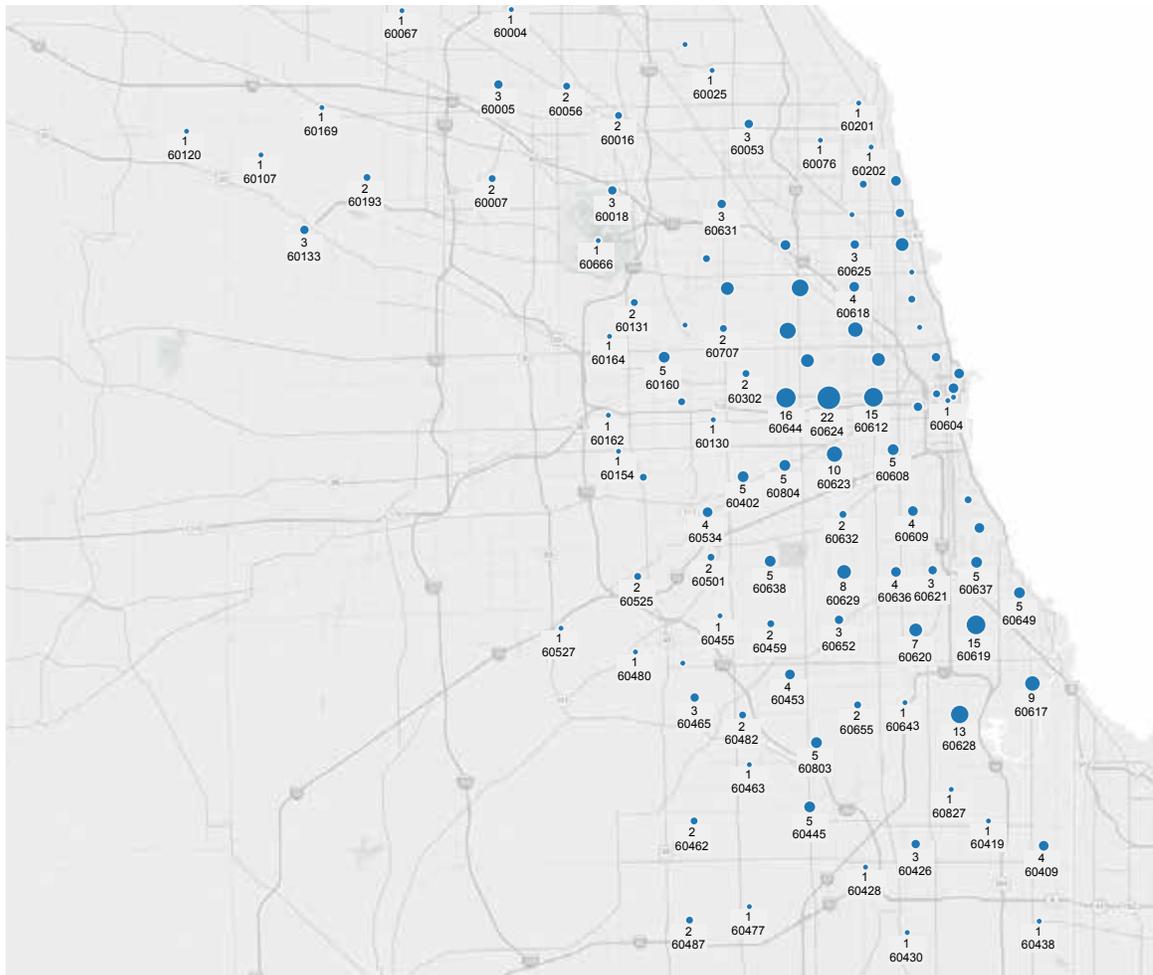
HEROIN HOTSPOTS

MAP 4



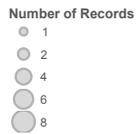
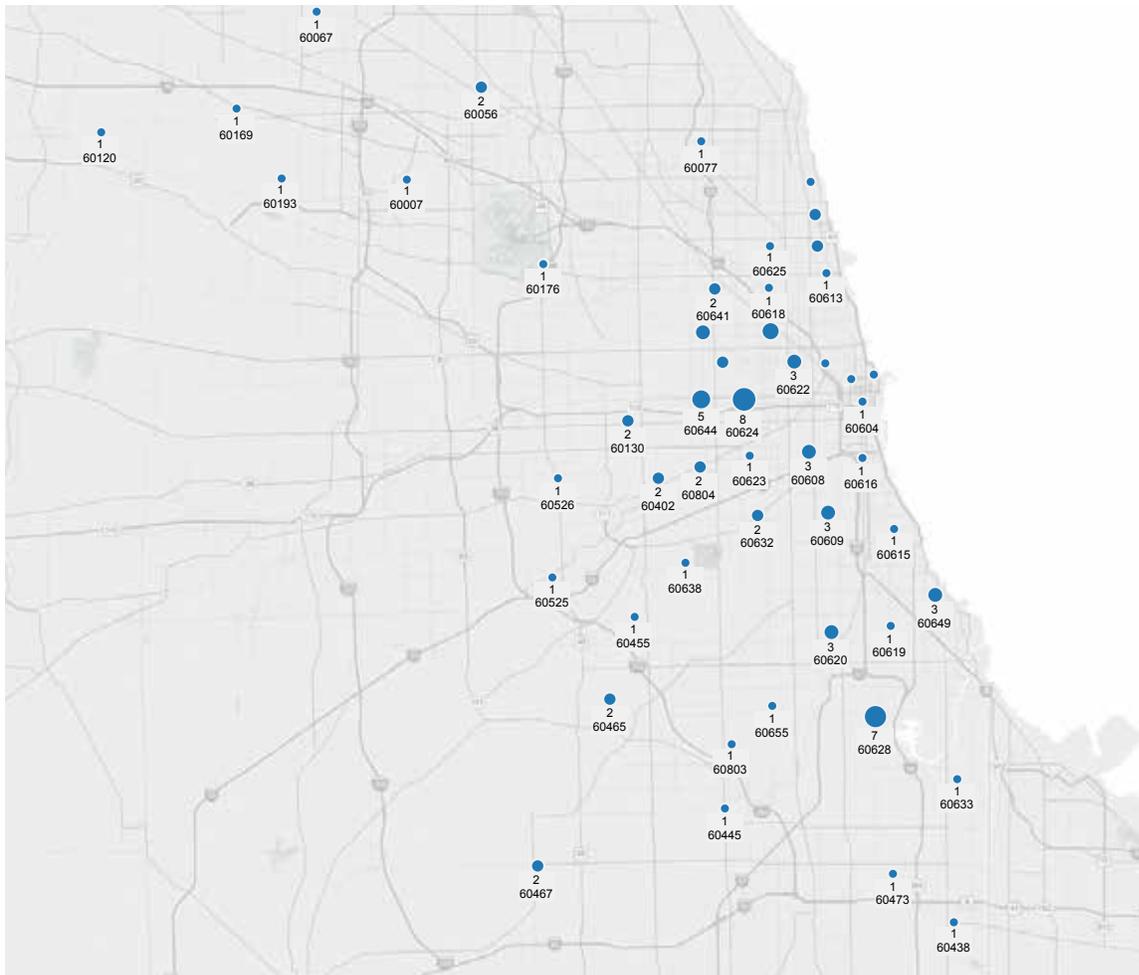
HEROIN DEATHS BY INCIDENT ZIPCODE

MAP 5



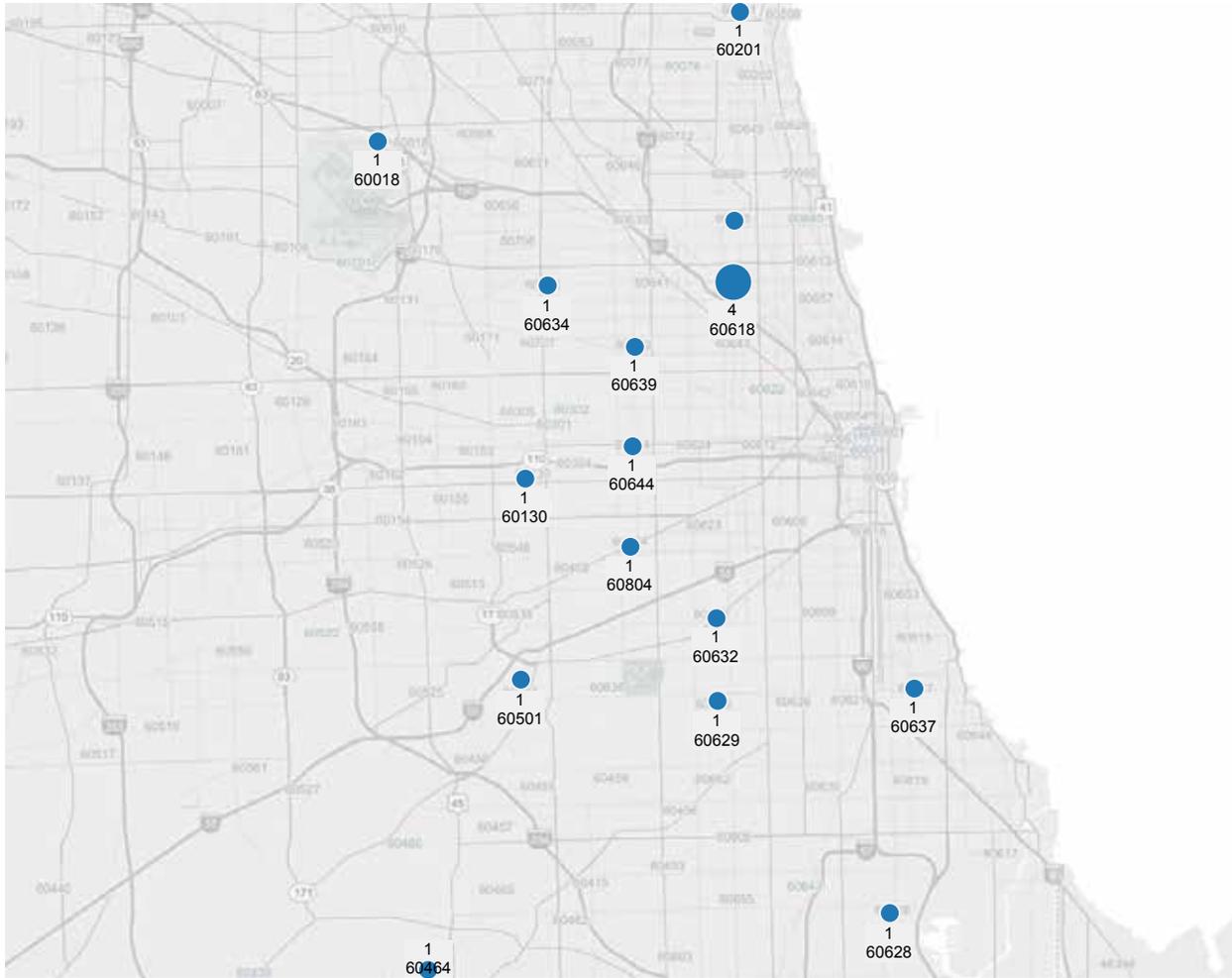
FENTANYL DEATHS BY INCIDENT ZIPCODE

MAP 6



COLD DEATHS

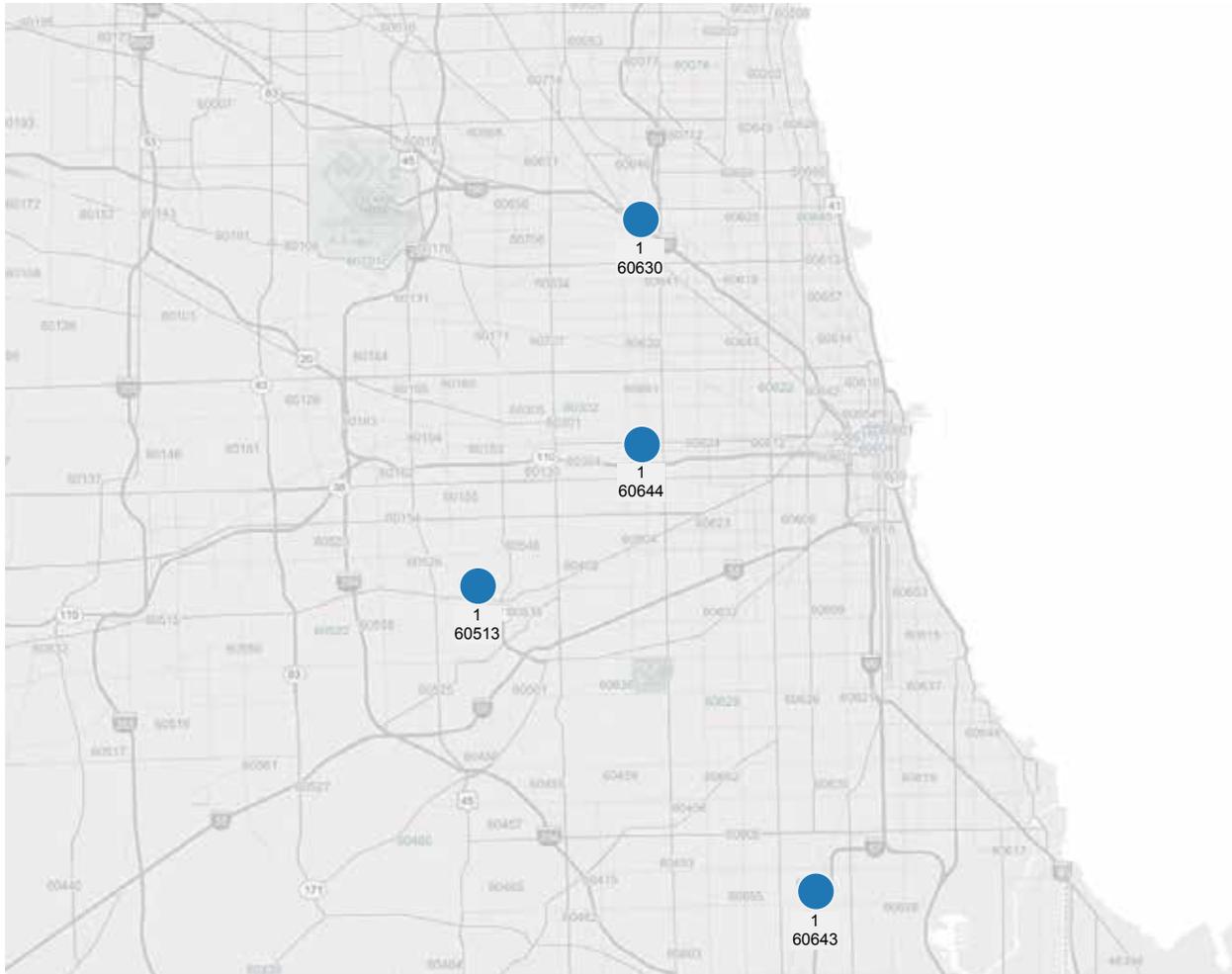
MAP 7



Number of Records
● 1
● 4

HEAT RELATED DEATHS

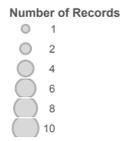
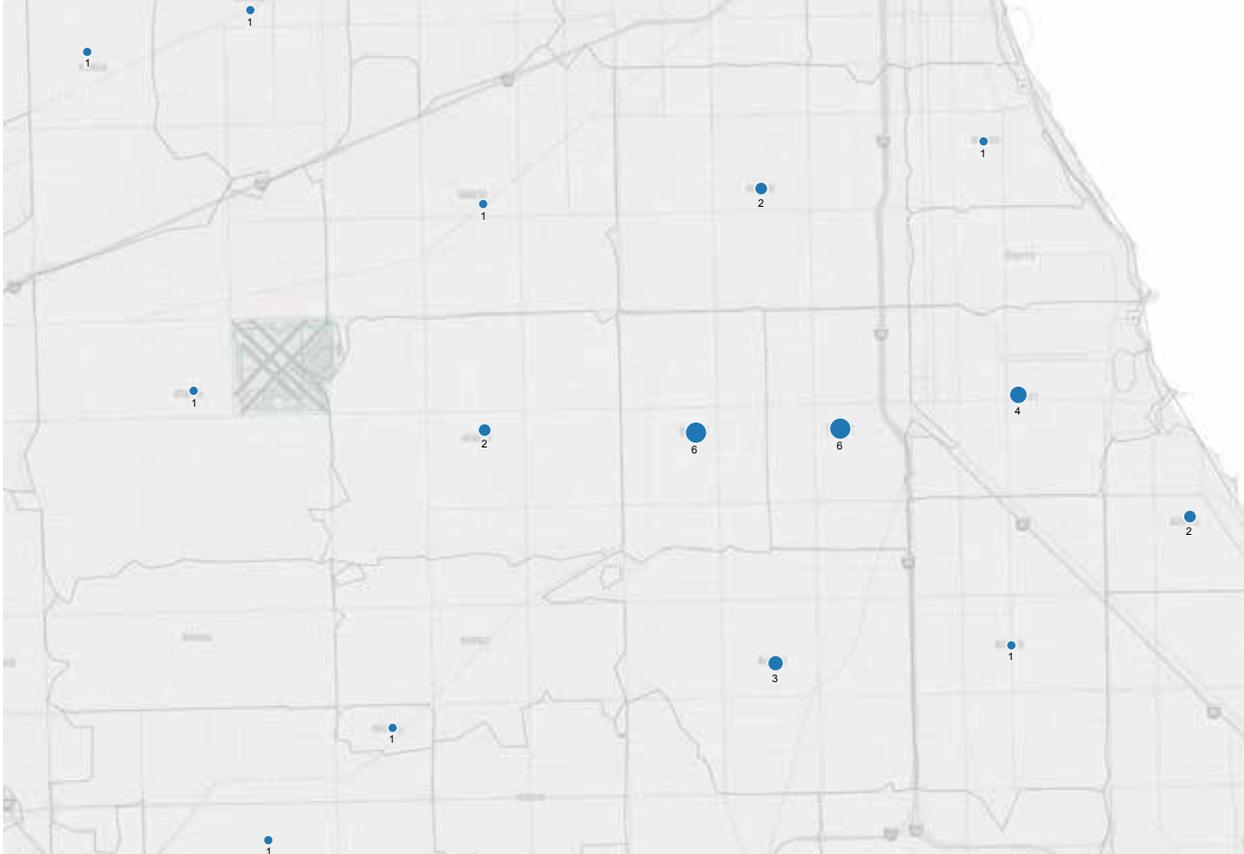
MAP 8



Number of Records
1

INFANT DEATHS

MAP 9



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