

COOK COUNTY MEDICAL EXAMINER'S **ANNUAL REPORT**



TONI PRECKWINKLE President, Cook County Board of Commissioners ZAHRA ALI Chief Administrative Officer Chief Medical Examiner

PONNI ARUNKUMAR, M.D.

COOK COUNTY MEDICAL EXAMINER'S OFFICE ROBERT J. STEIN INSTITUTE OF FORENSIC MEDICINE

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

OFFICE HOURS:

The Medical Examiner's Office operates 24 hours per day, seven days per week. The office is open to the public: 7 a.m. to 3 p.m., Monday through Friday, except on official Cook County holidays.

IDENTIFICATION HOURS:

11:00 a.m. to 7 p.m., Monday through Friday. 12 p.m. to 4 p.m., weekends and official Cook County holidays.

www.cookcountyil.gov/agency/medical-examiner

TABLE OF CONTENTS

Message from the Chief Medical Examiner	2
At A Glance	3-4
Mission, Vision and History of Medical Examiner's Office	5
Medical Examiner's Office Operations Jurisdiction Departments Primary Medical Examiner Functions Other Services Provided Information for Families	6-9
2022 Highlights	10-11
Collaborative Efforts	12-14
A Look Ahead	15
Charts & Graphs of 2021 Cook County Medical Examiner Office Data General Statistics Manner of Death Opioid Deaths Gun Homicide Infant Death Children Death COVID-19	16-60 17 23 46 51 55 57
Appendix A	61
Acknowledgements	62
Cook County Board of Commissioners	63

MESSAGE FROM THE CHIEF MEDICAL EXAMINER

Honorable Toni Preckwinkle, Cook County Board of Commissioners & Residents of Cook County,

Enclosed in this annual report is data detailing the breakdown of cases handled by the Cook County Medical Examiner's Office (CCMEO) for 2022 as well as information regarding the Office's role in death investigation, the indigent disposition program, organ and tissue donation and drug-related death statistics.

In 2022, the CCMEO once again broke the previous year's record for total number of opioid overdose deaths, exceeding 2,000 deaths due to opioids. Fentanyl contributed to approximately 92% of all opioid deaths. Alternatively, the Office saw an 18% decrease in gun-related homicide deaths compared to 2021. Traditionally under-resourced communities continue to be impacted at a higher rate.

The CCMEO maintains full accreditation with the National Association of Medical Examiners (NAME) and conforms to International Organization for Standardization (ISO) 17020 and 17025 requirements attaining the highest level of credibility available to U.S. and international medicolegal death investigation offices.

The Office won a National Association of Counties Achievement Award for the implementation of an online digital portal. Families of decedents and the public may now electronically submit requests for records and pay the appropriate fees via the portal. Funeral directors are now able to obtain legally required permits for cremation electronically, eliminating the need to travel to the CCMEO or to use a now phased-out fax account system.

While the office saw a tremendous number of cases in 2022, our staff handled each one with dignity and respect. I am grateful to our staff for their tireless efforts and to President Preckwinkle for her leadership and guidance during a challenging year. It has been and continues to be an honor to serve the residents of Cook County.

Respectfully,

Porus Amerikan M.D.

Ponni Arunkumar, MD

Chief Medical Examiner

COOK COUNTY MEDICAL EXAMINER CASES AT A GLANCE

Number of Deaths Investigated	20,080
Number of Cases by Manner of Death ¹ Accident Homicide Natural Suicide Undetermined Pending	10,441 3,725 951 5,079 499 145
Homicides Autopsied	950
Suicides Autopsied	159
Non-Motor Vehicle Accident Deaths Certified	3,247
Motor Vehicle Accident Deaths Certified	478
Motor Vehicle Accidents Autopsied	100
Non-Motor Vehicle Accidents Autopsied	2,176
Drug-related Accident Deaths Certified	2,237
Drug-related Accident Deaths Autopsied	1,941
Naturals Autopsied	737
Undetermined Autopsied	132
Unidentified Autopsied	13
Opioid-Related	2,001
Gun-Related Homicides Latino NL White NL Black NL Other	826 139 31 650 6
Scene Visits	1,252
Non-Medical Examiner Cases	9,639

¹ cases without a manner of death (n=34) like non-human bones are not listed

COOK COUNTY MEDICAL EXAMINER CASES AT A GLANCE

Number of Deaths in Cook County ² Number of Bodies Transported to the Office	46,371 6,584
Number of Bodies Transported by the Office	0
External Examinations By Physician By Investigator	2,728 2,452 276
Partial Autopsies	192
Complete Autopsies	4,088
Hospital Autopsies under ME Jurisdiction	0
Cases Where Toxicology Was Performed	4,465
Bodies Unidentified After Examination	12
Exhumations	0
Unclaimed Bodies	243
Average number of Bodies in Storage per day	213
Organ Donations	459
Tissue Donations	473
Cornea Donations	378
Microscopic Studies	648
Formal Neuropathology Studies	108
Formal Cardiac Pathology Studies	77

² Illinois Department of Public Health. Death Statistics. Retrieved from Vital Statistics: https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/vital-statistics/death-statistics/Deaths-by-county_2020-2021.pdf

COOK COUNTY MEDICAL EXAMINER'S OFFICE

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 maintain 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 mission to serve as good stewards of public resources, placing a special emphasis on our core values – equity, engagement, and excellence.

HISTORY OF THE MEDICAL EXAMINER'S OFFICE

Because of a 1972 referendum, the Cook County Medical Examiner's Office 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 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 Cook County office is the only Medical Examiner system in Illinois, with a jurisdiction of approximately 5.1 million people. The Medical Examiner's Office plays a vital role in the administration of justice and protection of public health.

JURISDICTION

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

- Criminal violence
- Suicide
- Accident
- Suddenly when in apparent good condition
- Unattended by a practicing licensed physician
- Suspicious or unusual circumstances
- Unlawful fetal death as provided in Public Act 101-0013 of the 101st General Assembly of Illinois
- 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 into 8 divisions:

- Administration
- Forensic Technician
- Investigations
- Histology
- Medical Records
- Pathology
- Photography
- Radiology

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 the jurisdiction of the Medical Examiner's Office and performs scene investigations when warranted.

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 pathologists 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.

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 or reviewing 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

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. Adding to the stress of coping with a sudden loss, this 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 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 several hours 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 may request copies of postmortem reports through the Medical Examiner's Online Portal or by contacting the Medical Records Department.

Information related to Pending Cases

After the medical examination is complete, it is sometimes necessary 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 Pathology Department will notify the families of the cause and manner of death. 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 Certificate

Families may obtain certified copies of death certificates by contacting the funeral home or the Cook County Clerk's Office. 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. Property will be turned over to the funeral home retained by the legal next of kin. 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 one year and may be picked up by the family or willing persons who are authorized to do so.

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 may 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 and Family Service Manager 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.

2022 HIGHLIGHTS

NATIONAL ASSOCIATION OF COUNTIES ACHIEVEMENT AWARD

The Medical Examiner's Office was awarded a National Association of Counties Achievement Award for the implementation of an online digital portal. Families of decedents and the public may now electronically submit requests for records and pay the appropriate fees via the portal. Funeral directors are now able to obtain legally required permits for cremation electronically, eliminating the need to travel to the CCMEO or to use a now phased-out fax account system.

TWO FELLOW GRADUATES

Fellows Dr. Lorenzo Gitto and Dr. Tracy Wadsworth finished their one-year forensic pathology fellowship at the CCMEO on June 30, 2023. They have taken on roles at the CCMEO as assistant medical examiners. We congratulate them for their excellent work ethic and are excited they have chosen to launch their careers here.





GRANTS

In 2022, the Office was closed the Comprehensive Opioid, Stimulant and Substance Use Sitebased Program for \$381,018. Moreover, the Office received the NFSIA Paul Coverdell grant that provided funding (\$176, 665) for toxicology examination of cases.

INDIGENT BURIAL: DIGNIFIED FINAL DISPOSITION

In 2014, the CCMEO transitioned from burying indigent decedents to utilizing cremation for dignified final disposition. In 2015, a full-time indigent coordinator was hired to manage the indigent disposition process. Since its inception, the indigent cremation program has cremated more than 4,500 indigent decedents and streamlined the process. The program is made possible through partnerships with the U.S Department of Veterans Affairs, the Cook County Public Administrator, the Cook County Sheriff's Police Department, the Cook County Funeral Director Association, the Archdiocese of Catholic Cemeteries, foreign consulates, faith organizations and support from the community.

In 2018, the CCMEO started a new process for burying unclaimed veterans by utilizing a County contract to enlist the services of local funeral homes who transport unclaimed veterans to Abraham Lincoln National Cemetery. This has led to the timely and respectful burial of indigent and unclaimed veterans. As the CCMEO looks forward, we will continue to cremate indigent decedents, strive to eliminate unnecessary wait in disposition and provide a dignified final disposition option for indigents.

2022 HIGHLIGHTS

The following is a list of funeral homes, directors and other individuals who assisted the CCMEO in 2022:

Funeral Home	Director
AQUAGREEN DISPOSITIONS	RYAN CATTONI
CANNON FH	GERALD CANNON
CREMATION SOCIETY	ROBERT STELLATO
DURANTE FUNERAL SERVICE	GARY DURANTE
EMANUEL CHAPEL	
EVANSTON FUNERAL & CREMATION	ROLAND WEIS
GRACE AND MERCY FS	MALISHA PORTER
GREENBURIALS OF LOVE	MARION FRIEL
HULTGREN FH	TIM HULTGREN
JOHNSON FH	LINDA BROOKS
PEREZ FRANCO FH	YADIRA PEREZ
RIZZO FUNERAL SERVICE	MARK RIZZO
	JACK LAROCCO
SAMBRANO FUNERAL DIRECTO SERVICE	LAURA SAMBRANO
SMITH AND CARTER FH	
WARREN FH & CREMATORY	GREG JORGENSEN
	KAREN RADA
YGEE FS	YVETTE GREEN

COLLABORATIVE EFFORTS

LOCAL AND INTERNATIONAL MEDICAL EDUCATION AGREEMENTS

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

- Ann and Robert H. Lurie Children's Hospital of Chicago
- Concordia University
- Des Moines University Osteopathic Medical Center
- Eastern Virginia Medical Center
- Loyola University Chicago Medical Center
- Malcolm X
- Marian University
- McGaw Medical Center of Northwestern University
- Rosalind Franklin School of Medical Sciences
- Rush University Medical Center
- St. James School of Medicine
- State University of New York Upstate Medical University
- University of Chicago Medical Center
- University of Illinois at Chicago
- University of Kentucky
- University of Wisconsin
- Worsham College of Mortuary Science

COLLABORATIVE EFFORTS

PATHOLOGIST ASSISTANT ROTATIONS

The Medical Examiner's Office has an agreement with Rosalind Franklin University of Medicine and Science that facilitates pathologist assistant students to observe pathologists conducting examinations and autopsies.

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.

MORTUARY SCIENCES

The Medical Examiner's Office has agreements with Malcolm X College and Worsham College of Mortuary Science that facilitate the donation of indigent bodies for use by mortuary students to further their study of mortuary science. These agreements are in accordance with the Illinois Cadaver Act and generate lab-use fees to the Medical Examiner's Office.

PUBLIC POLICY

The Medical Examiner's Office entered into an agreement with the University of Chicago-Harris School of Public Policy to support the Medical Examiner's Office in projects related to homicide and opioid death.

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 policymakers analyze violence-related deaths, identify risk factors and develop prevention efforts.

ORGAN/TISSUE DONATION

Gift of Hope

The Medical Examiner's Office has an agreement with Gift of Hope to donate organs and tissue upon consent of the next of kin. 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.

COLLABORATIVE EFFORTS

CONSULTATIONS

The Medical Examiner's Office requests radiology consultation from Forensic Radiology Group on complicated cases involving extensive radiology to determine cause and manner of death. The Office requests neuropathology and cardiac pathology consultation from Northwestern Hospital, anthropology consultation from anthropologists at Loyola University and University of Chicago and dental consultation from Dr. Jerold Smith.

FELLOWSHIP

The Medical Examiner's Office offers annually a one-year forensic pathology fellowship program for three 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.

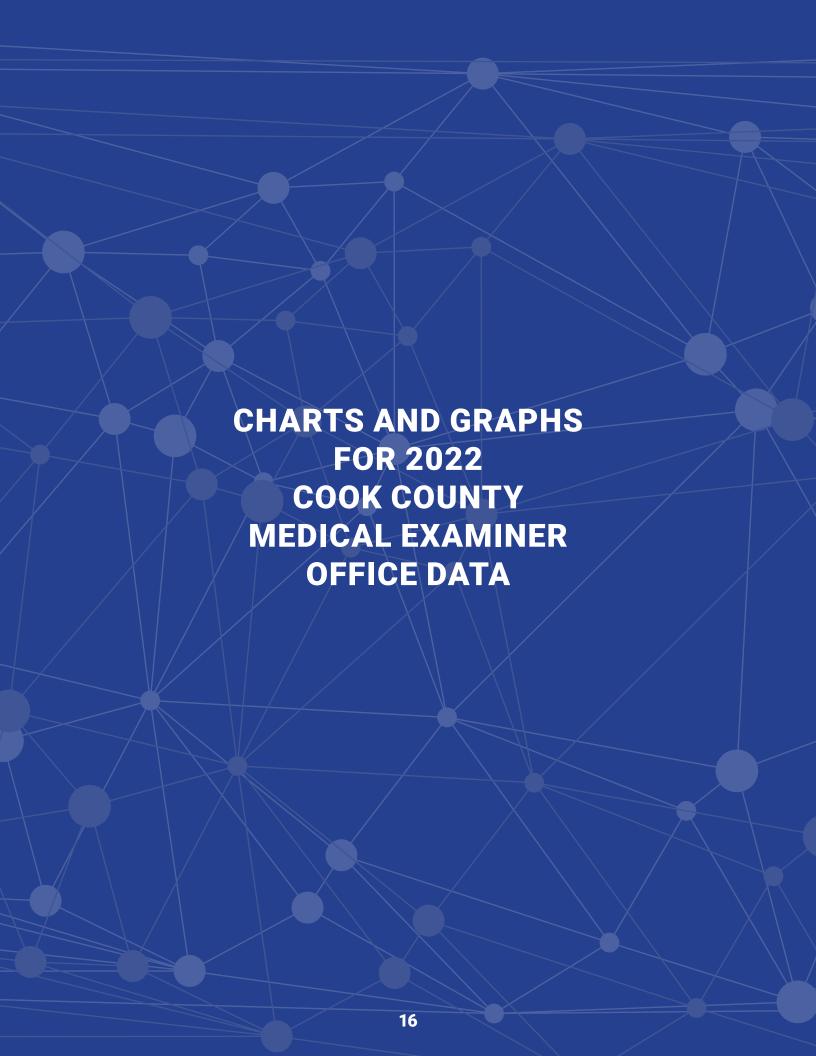
TOURS

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 as well as 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 2023:

- Increase the number of assistant medical examiners to reduce the average caseload per pathologist.
- Capital improvements, including the renovation of the investigation and forensic technician departments and intercom expansion throughout the building.
- Continue planning for a new state-of-the=art medical examiner building.
- Continue to work with Gift of Hope to increase organ and tissue donation throughout Cook County.
- Maintain National Association of Medical Examiner's accreditation and accreditation with the International Standards Organization.



MEDICAL EXAMINER YEARLY CASE NUMBERS



TABLE 1. MONTH WHEN INCIDENT OCCURRED

MONTH	NUMBER	PERCENT
January	2211	21.18%
February	827	7.92%
March	649	6.22%
April	603	5.78%
May	671	6.43%
June	616	5.90%
July	687	6.58%
August	660	6.32%
September	621	5.95%
October	663	6.46%
November	731	7.00%
December	1271	12.17%
Not Known	231	2.21%

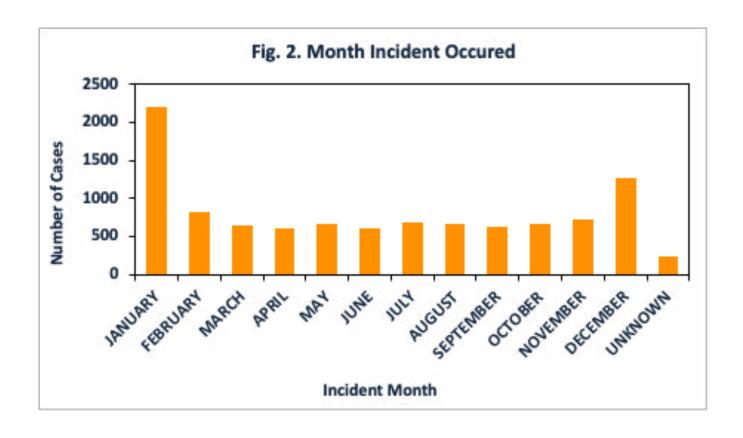


TABLE 2. DAY OF THE WEEK WHEN INCIDENT OCCURED

DAY	NUMBER	PERCENT
Sunday	1442	13.81%
Monday	1592	15.25%
Tuesday	1467	14.05%
Wednesday	1409	13.49%
Thursday	1386	13.27%
Friday	1417	13.57%
Saturday	1497	14.34%
Not Known	231	2.21%

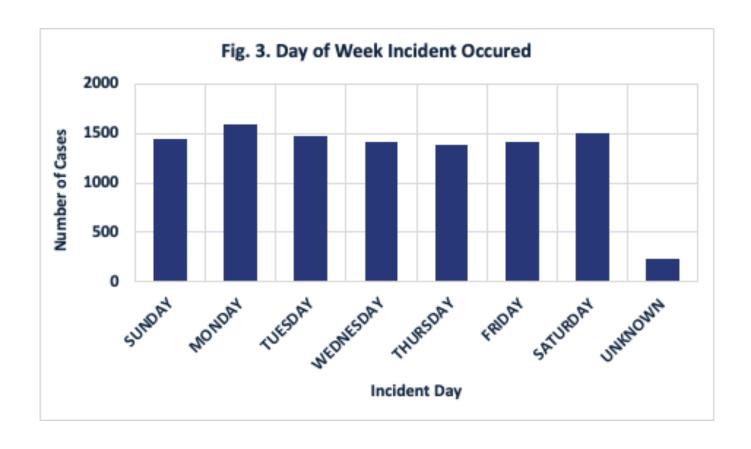


TABLE 3. AGE GROUPS of DECENDENTS

AGE	NUMBER	PERCENT
Under 1	57	0.55%
1 to 4	36	0.34%
5 to 15	52	0.50%
15 to 24	563	5.39%
20 to 34	1058	10.13%
35 to 44	1063	10.18%
45 to 54	1386	13.27%
55 to 64	2058	19.71%
65 to 74	1789	17.13%
75 to 84	1227	11.75%
85 & older	1152	11.03%

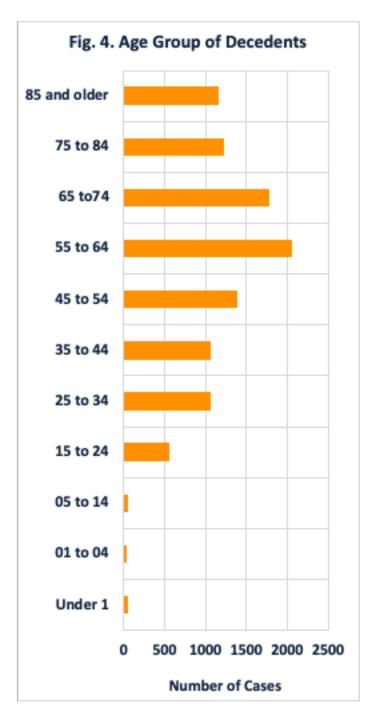


TABLE 4. RACE AND LATINO ORIGIN OF DECEDENTS

RACE	NUMBER	PERCENT
AM, INDIAN	14	0.13%
BLACK	4535	43.43%
WHITE	4026	38.56%
ASIAN	248	2.38%
LATINO	1475	14.13%
OTHER	143	1.37%

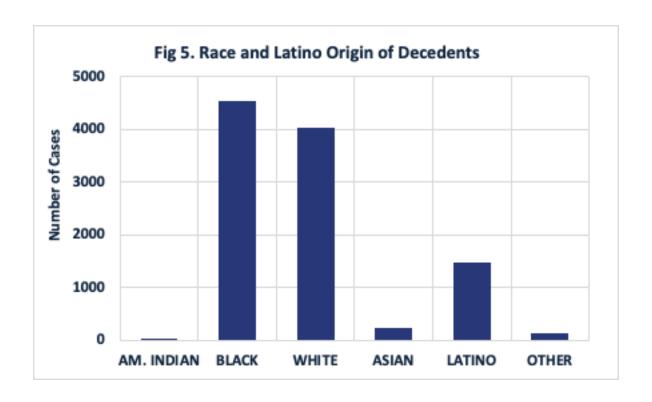


TABLE 5. GENDER OF DECEDENTS

GENDER	NUMBER	PERCENT
MALE	7208	69.04%
FEMALE	3193	30.58%
NOT KNOWN	40	0.26%

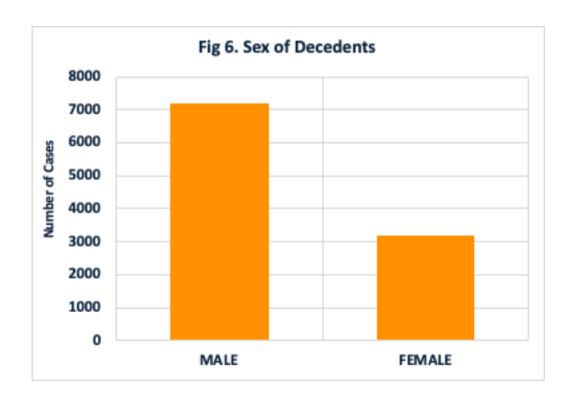
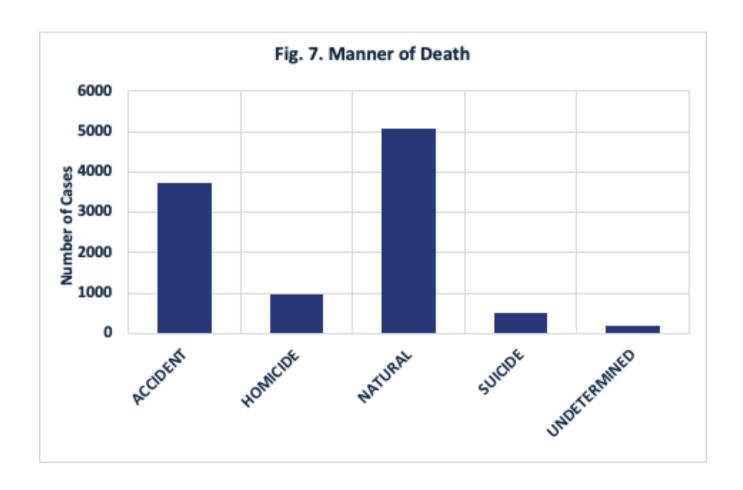


TABLE 6. MANNER OF DEATH³

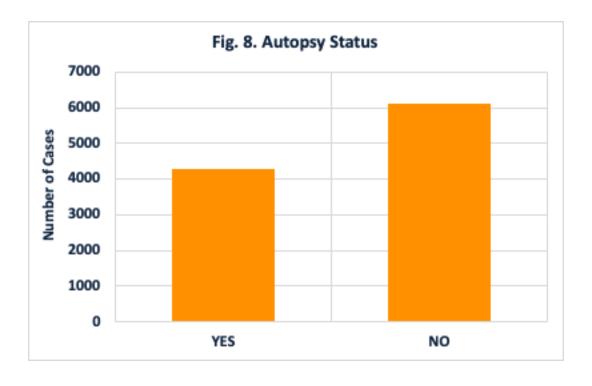
MANNER	NUMBER	PERCENT
ACCIDENT	3725	35.79%
HOMICIDE	951	9.14%
NATURAL	5079	48.80%
PENDING	8	0.08%
SUICIDE	499	4.79%
UNDETERMINED	145	1.39%



³ category of cases without manner (n=34) of death is not shown

TABLE 7. AUTOPSY STATUS⁴

AUTOPSY	NUMBER	PERCENT
YES	4269	41.05%
NO	6130	58.95%



⁴ Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 8. MOTOR VEHICLE ACCIDENTS

STATUS	NUMBER	PERCENT
DRIVER/OPERATOR	254	53.13%
OTHER	25	5.23%
PASSENGER	72	15.06%
PEDESTRIAN	128	26.77%

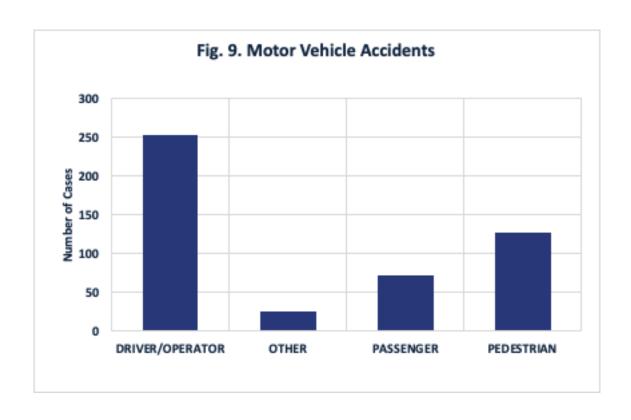


TABLE 9. MANNER OF DEATH BY MONTH OF INCIDENT⁵

MONTH	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	TOTAL
JANUARY	345	69	1,748	0	40	8	2,210
FEBRUARY	277	57	450	1	34	6	825
MARCH	306	51	235	0	39	16	647
APRIL	277	77	188	1	45	13	601
MAY	309	93	214	0	43	9	668
JUNE	285	77	202	0	34	17	615
JULY	302	98	218	0	47	18	683
AUGUST	302	92	208	2	43	13	660
SEPTEMBER	263	95	200	0	50	9	617
OCTOBER	291	92	227	2	30	14	656
NOVEMBER	340	78	259	0	44	7	728
DECEMBER	358	67	786	2	43	12	1,268
NOT KNOWN	70	5	144	0	7	3	229
Total	3,725	951	5,079	8	499	145	10,407

⁵ Table does not show cases without manner (n=34).

TABLE 10. MANNER OF DEATH BY WEEKDAY OF INCIDIENT⁶

MANNER	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	NOT KNOWN
ACCIDENT	548	568	485	478	482	494	600	70
HOMICIDE	177	131	118	120	108	143	149	5
NATURAL	632	788	761	738	683	686	647	144
PENDING	0	2	2	0	3	0	1	0
SUICIDE	63	80	65	58	78	76	72	7
UNDETERMINED	19	16	31	11	27	14	24	3
Total	1,439	1,585	1,462	1,405	1,381	1,413	1,493	229

⁶ All cases do not have incident date, so weekday of incident cannot be determined for all cases. Table does not show cases without manner (n=34).

TABLE 11. AGE GROUP AND MANNER OF DEATH⁷

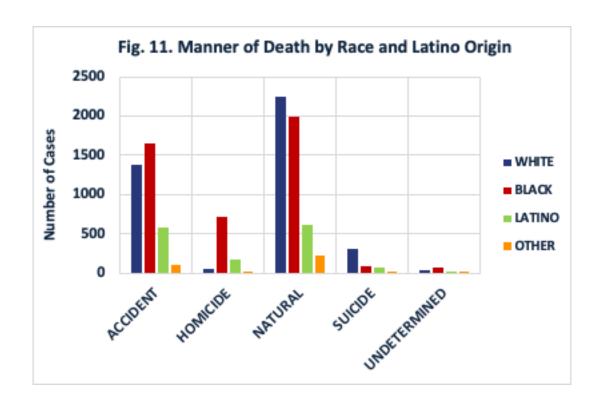
	ACCID.	ном.	NATU.	SUIC.	UNDETER.
<1	18	7	5	0	22
1-4	21	8	5	0	1
5-14	19	25	4	1	3
15-24	197	266	25	68	6
25-34	490	318	135	97	17
35-44	538	180	239	81	23
45-54	675	67	532	91	19
55-64	807	48	1102	77	22
65-74	412	23	1291	58	14
75-84	258	4	933	24	7
>=85	290	5	808	12	11
Total	3,725	951	5,079	499	145



⁷ The graph and table do not show pending cases (n=8) and cases without manner (n=34).

TABLE 12. MANNER OF DEATH BY RACE (WHITE/BLACK) AND LATINO ORIGIN8

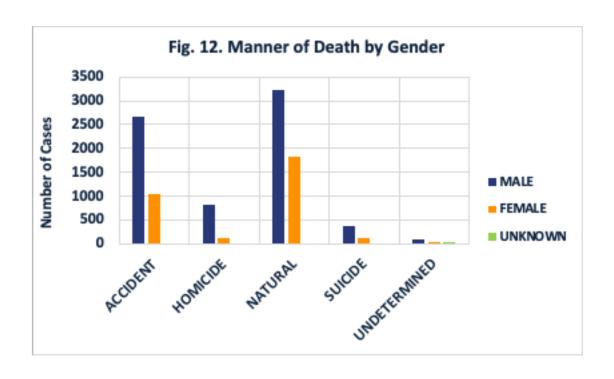
MANNER	WHITE	BLACK	LATINO	OTHER
ACCIDENT	1376	1658	581	110
HOMICIDE	58	713	168	12
NATURAL	2248	1990	622	219
SUICIDE	301	96	79	23
UNDETERMINED	38	68	24	15
Total	4021	4525	1474	379



⁸ This table does not show Asian, Am. Indian, and Other Race. The graph and table do not show pending cases and cases without manner.

TABLE 13. MANNER OF DEATH BY GENDER OF DECENDENT9

MANNER	WHITE	FEMALE	NOT KNOWN	Total
ACCIDENT	2670	1054	1	3725
HOMICIDE	821	129	1	951
NATURAL	3229	1849	1	5079
SUICIDE	382	117	0	499
UNDETERMINED	95	42	8	145
Total	7197	3191	11	10399

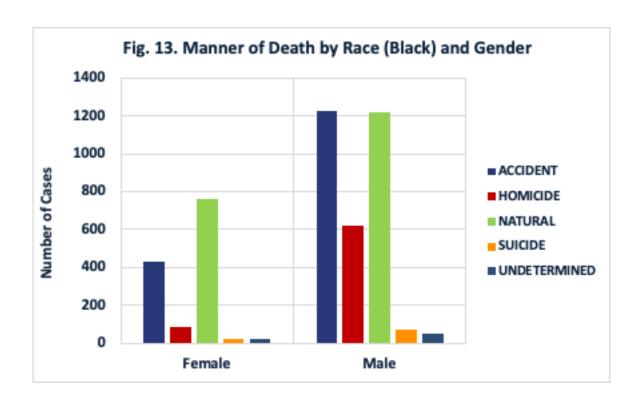


⁹ Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 14. MANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER OF DECEDENT¹⁰

RACE: BLACK

GENDER	ACCIDENT	HOMICIDE	NATURAL	SUICIDE	UNDETERMINED	Total
Female	432	89	768	26	22	1337
Male	1226	624	1221	70	46	3187
Total	1658	713	1989	96	68	4524

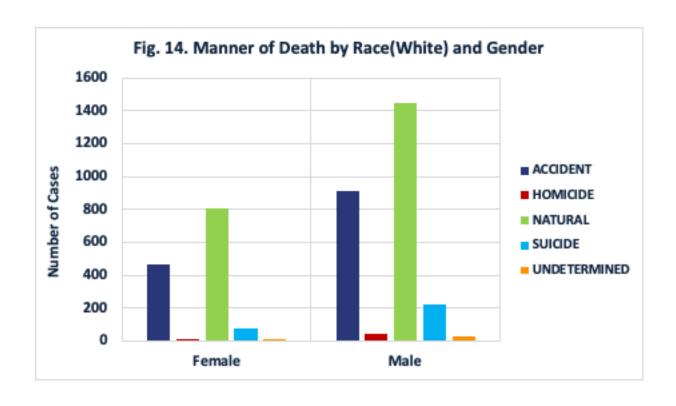


¹⁰ Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 15. MANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER OF DECEDENT¹¹

RACE: WHITE

GENDER	ACCIDENT	HOMICIDE	NATURAL	SUICIDE	UNDETERMINED	Total
Female	463	12	803	74	11	1363
Male	913	46	1445	227	27	2658
Total	1376	58	2248	301	38	4021

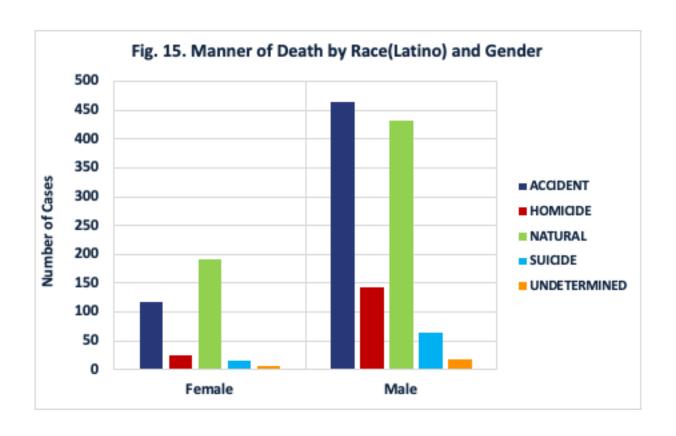


¹¹ Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 16. MANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER OF DECEDENT¹²

RACE: LATINO

GENDER	ACCIDENT	HOMICIDE	NATURAL	SUICIDE	UNDETERMINED	Total
Female	118	24	191	15	6	354
Male	463	144	431	64	18	1120
Total	581	168	622	79	24	1474



¹² Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 17. ACCIDENT MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP

	WHITE	BLACK	LATINO	OTHER
<1	1	12	4	1
1-4	5	11	4	1
5-14	4	7	7	1
15-24	62	78	49	8
25-34	187	175	116	12
35-44	225	177	125	11
45-54	208	338	119	10
55-64	191	527	77	12
65-74	132	240	27	13
75-84	153	51	29	25
>=85	208	42	24	16
Total	1376	1658	581	110

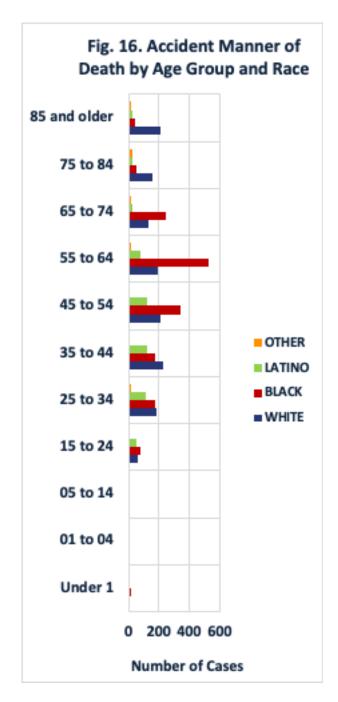


TABLE 18. HOMICIDE MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP AMONG MALES

	WHITE	BLACK	LATINO	OTHER
<1	0	2	1	0
1-4	2	1	3	0
5-14	1	16	4	1
15-24	6	176	42	2
25-34	10	230	38	2
35-44	9	124	30	0
45-54	5	34	15	1
55-64	5	29	7	0
65-74	7	9	4	0
75-84	1	2	0	0
>=85	0	1	0	1
Total	46	624	144	7

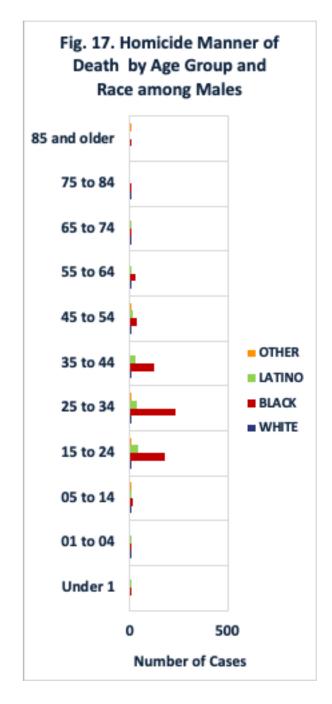


TABLE 19. HOMICIDE MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP AMONG FEMALES

	WHITE	BLACK	LATINO	OTHER
<1	1	1	2	0
1-4	0	2	0	0
5-14	0	2	1	0
15-24	4	26	10	0
25-34	1	27	8	2
35-44	1	13	2	1
45-54	2	10	0	0
55-64	0	5	1	1
65-74	2	1	0	0
75-84	0	1	0	0
>=85	1	1	0	0
Total	12	89	24	4

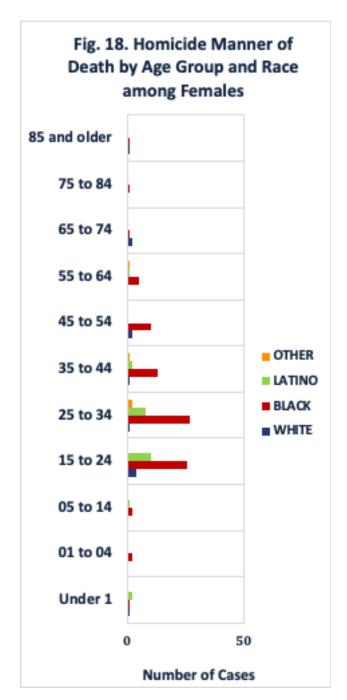


TABLE 20. HOMICIDE MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP

	WHITE	BLACK	LATINO	OTHER
<1	1	3	3	0
1-4	2	3	3	0
5-14	1	18	5	1
15-24	10	202	52	2
25-34	11	257	46	4
35-44	10	137	32	1
45-54	7	44	15	1
55-64	5	34	8	1
65-74	9	10	4	0
75-84	1	3	0	0
>=85	1	2	0	2
Total	58	713	168	12

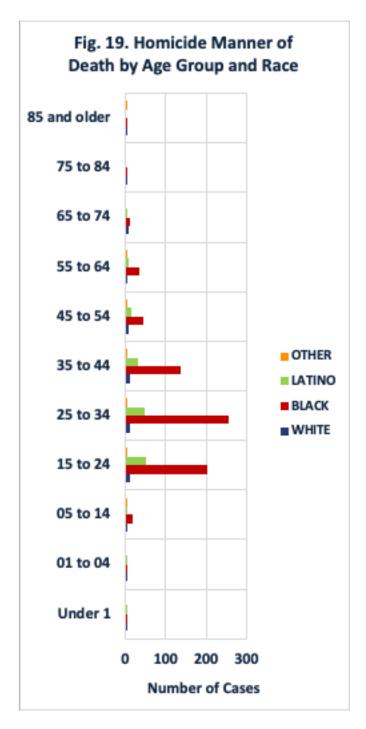


TABLE 21. NATURAL MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP

	WHITE	BLACK	LATINO	OTHER
<1	1	2	1	1
1-4	1	4	0	0
5-14	2	1	1	0
15-24	3	15	6	1
25-34	42	68	21	4
35-44	73	104	54	8
45-54	180	214	112	26
55-64	437	500	130	35
65-74	553	563	122	53
75-84	477	304	98	54
>=85	479	215	77	37
Total	2248	1990	622	219

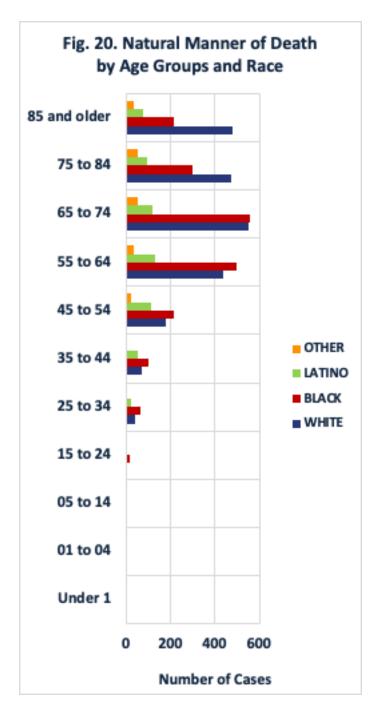


TABLE 22. SUICIDE MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP

	WHITE	BLACK	LATINO	OTHER
<1	0	0	0	0
1-4	0	0	0	0
5-14	0	0	0	1
15-24	27	23	16	2
25-34	50	25	22	0
35-44	41	17	18	5
45-54	65	13	7	6
55-64	56	9	10	2
65-74	33	6	5	4
75-84	19	3	0	2
>=85	10	0	1	1
Total	301	96	79	23

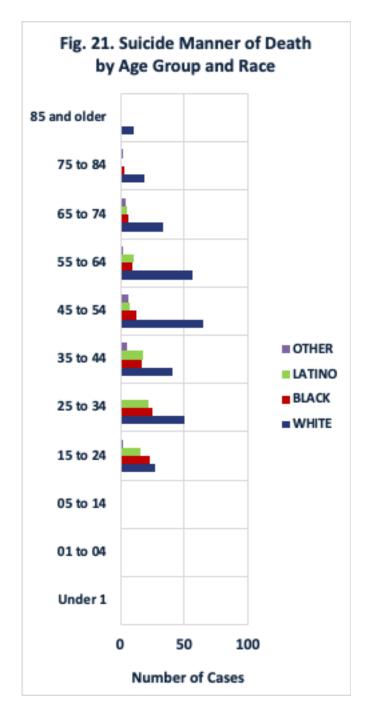


TABLE 23. UNDETERMINED MANNER OF DEATH BY RACE/LATINO ORIGIN AND AGE GROUP

	WHITE	BLACK	LATINO	OTHER
<1	3	16	3	0
1-4	0	1	0	0
5-14	0	2	1	0
15-24	2	1	1	2
25-34	4	10	2	1
35-44	6	11	6	0
45-54	5	7	6	1
55-64	9	12	1	0
65-74	6	5	3	0
75-84	2	2	1	2
>=85	1	1	0	9
Total	38	68	24	15

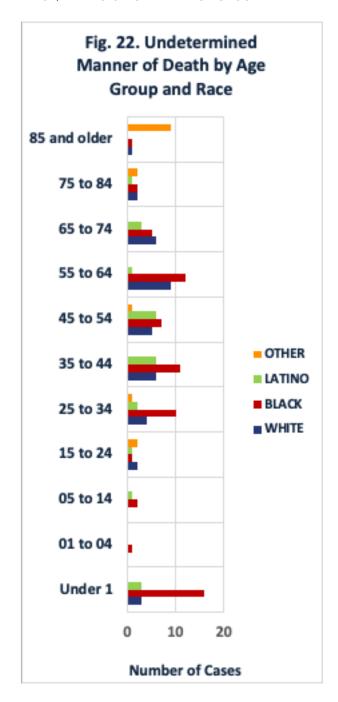
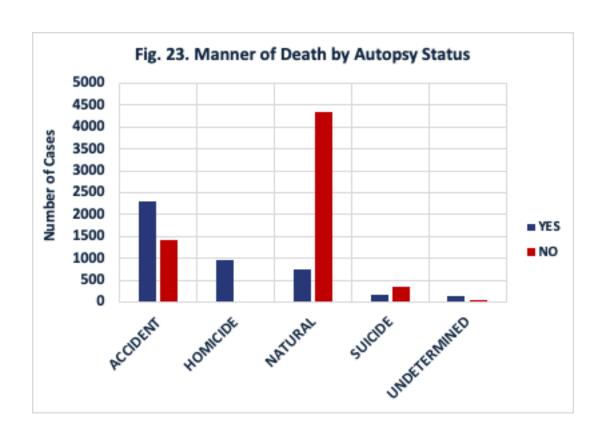


TABLE 24. MANNER OF DEATH BY AUTOPSY STATUS¹³

MANNER	AUTOPSY YES	AUTOPSY NO	TOTAL
ACCIDENT	2291	1434	3725
HOMICIDE	950	1	951
NATURAL	737	4342	5079
SUICIDE	159	340	499
UNDETERMINED	132	13	145
Total	4269	6130	10399



¹³ Table and graph do not show cases with pending manner of death (n=8) and those without manner (n=34).

TABLE 25. CAUSE OF DEATH (GENERAL)

CAUSE	NUMBER	PERCENT
Cardiovascular Disease	1976	18.95%
Fentanyl	1842	17.64%
Diabetes	1381	13.22%
GSW	1002	9.59%
Ethanol/Alcohol	962	9.21%
Transportation	478	4.57%
Hanging	154	1.47%

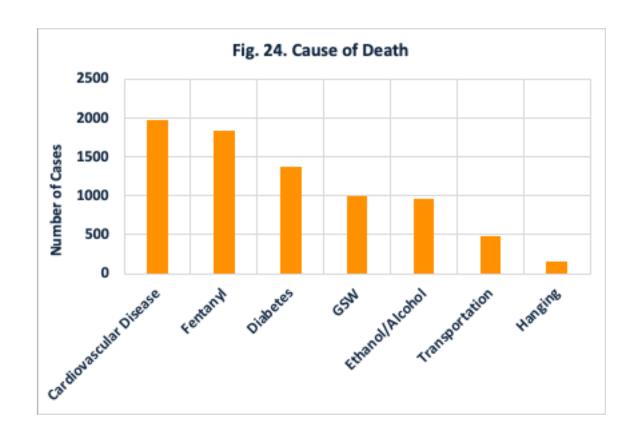


TABLE 26. FREQUENT CAUSE OF ACCIDENTAL OVERDOSE BY RACE AND LATINO ORIGIN

DRUG	WHITE	BLACK	LATINO	OTHER
Fentanyl-related	512	1023	285	22
Cocaine-related	291	648	165	12
Combined Fentanyl & Cocaine	595	1180	335	28
Combined Drug	432	854	245	20
Ethanol/Alcohol-related	147	302	120	14
Heroin-related	105	238	61	4

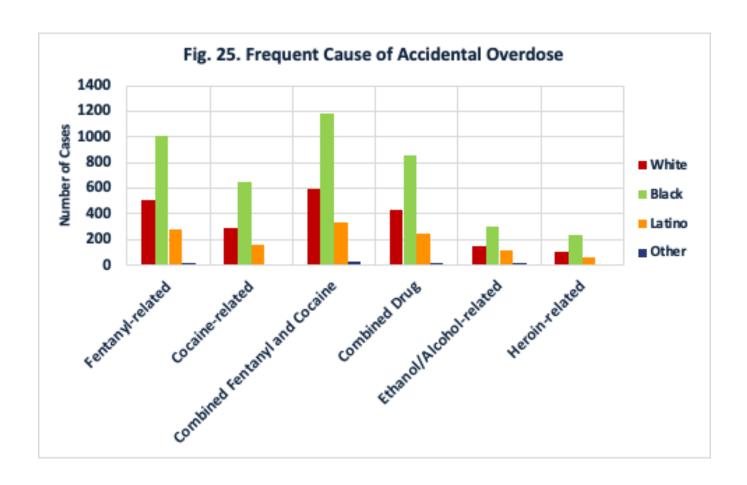


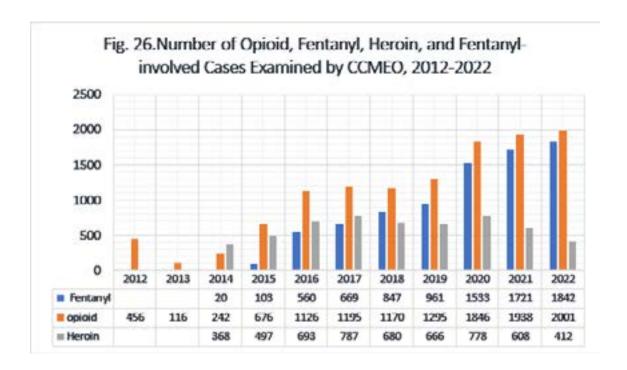
TABLE 27. FREQUENT CAUSE OF DEATH BY RACE AND LATINO ORIGIN (HOMICIDE MANNER OF DEATH)

CAUSE	WHITE	BLACK	LATINO	OTHER	Total
Gunshot Wound	31	647	138	6	822
Stab or Sharp Force	5	24	9	0	38
Other	12	12	9	3	36
Multiple Injuries	4	23	5	2	34
Blunt Force	7	9	9	0	25
Asphyxiation/Asphyxia	0	0	0	1	1

TABLE 28. FREQUENCY OF HOMICIDE BY RACE AND LATINO ORIGIN

	20	21	20	22
	#	% of Total	#	% of Total
White	51	4.65%	58	6.10%
Black	869	79.29%	713	74.97%
Latino	160	14.60%	168	17.67%
Other	16	1.46%	12	1.26%
Total	1096		951	

OPIOID DEATHS



OPIOID DEATHS

DRUG	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
OPIOID	456	116	242	676	1126	1195	1170	1295	1846	1938	2001
HEROIN-RELATED			368	497	693	787	680	666	778	608	412
FENTANYL-RELATED ¹⁴			20	103	560	669	847	961	1533	1721	1842

DEMOGRAPHICS OF OPIOID CASES

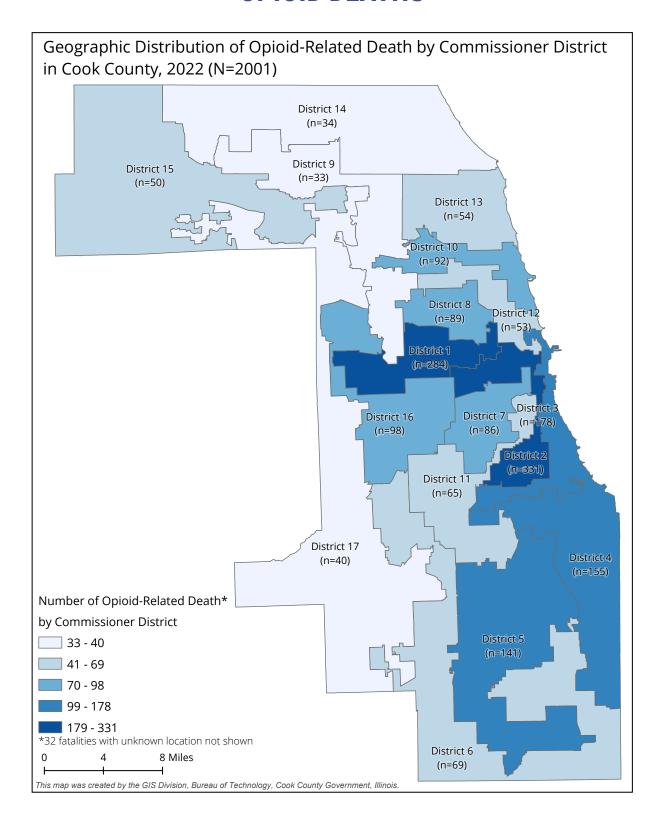
GENDER	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MALE	353	76	166	486	833	909	870	967	1420	1476	1558
FEMALE	103	40	76	190	293	286	300	328	426	462	443

RACE/ETHNICITY	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NL WHITE	246	54	158	409	545	578	509	534	655	601	579
NL BLACK	147	47	81	219	408	487	502	593	901	1032	1101
LATINO	53	15	0	28	161	123	155	153	270	281	295

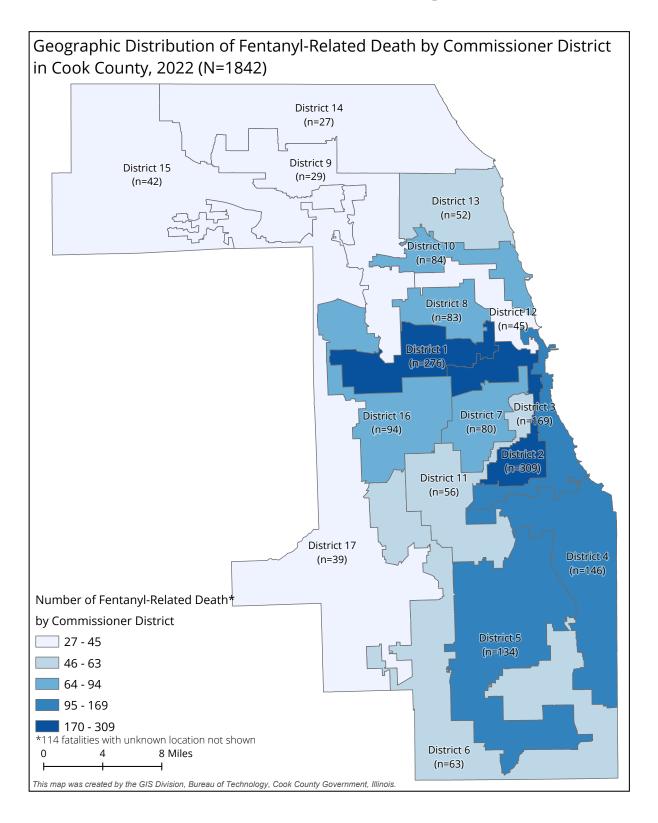
AGE	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<1	0	2	0	0	0	0	0	0	0	4	0
1-4	1	0	0	1	0	0	0	0	1	1	0
5-14	0	0	0	0	0	1	0	0	0	0	2
15-24	40	12	16	47	86	74	73	60	95	122	106
25-34	108	25	47	145	251	245	235	212	314	318	337
35-44	105	18	60	145	240	252	240	259	378	354	386
45-54	142	34	70	184	311	336	304	390	481	471	452
55-64	58	20	40	144	206	242	269	294	438	521	529
65-74	1	5	6	18	26	42	46	72	124	137	176
75-84	1	0	1	1	4	5	3	3	12	7	13
>=85	0	0	2	2	2	0	0	5	3	3	0
Total	456	116	242	676	1126	1195	1170	1295	1846	1938	2001

¹⁴ Fentanyl and heroin cases are not mutually exclusive. Opioid cases frequently have a combination of opioids and other substances.

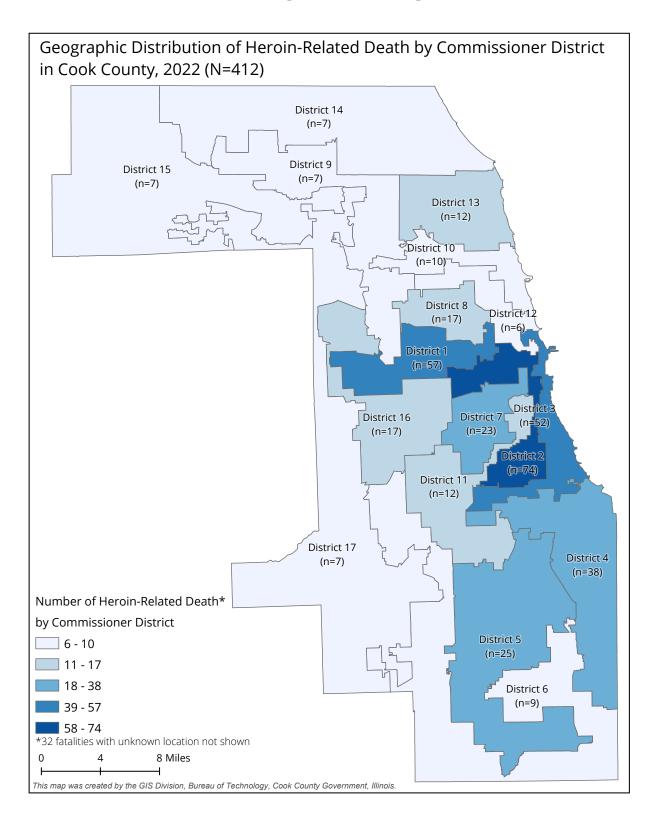
OPIOID DEATHS

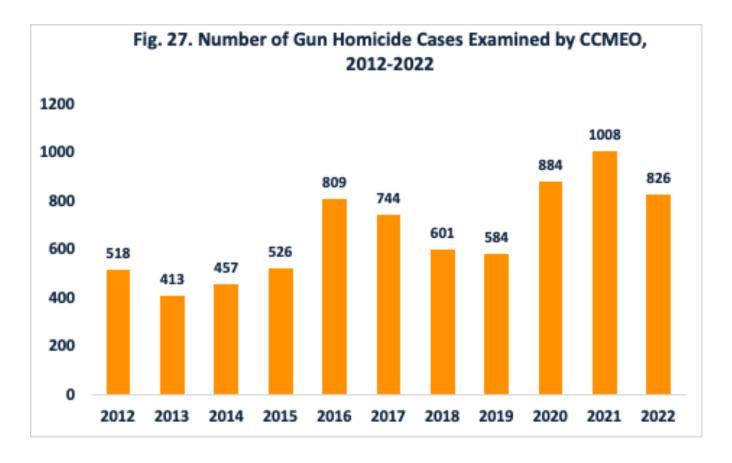


FENTANYL DEATHS



HEROIN DEATHS





DRUG	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
GUN HOMICIDE	518	431	457	526	809	744	601	584	884	1008	826

DEMOGRAPHICS OF GUN HOMICIDE CASES

GENDER	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MALE	477	403	422	496	753	680	547	524	813	902	732
FEMALE	41	28	35	30	56	64	54	60	71	106	94

RACE/ETHNICITY	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NL WHITE	27	18	28	24	35	27	28	28	29	36	31
NL BLACK	406	342	359	422	644	589	492	472	702	819	650
LATINO	84	70	65	77	126	125	78	80	148	139	139

AGE	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<1	0	2	0	0	1	2	0	0	1	0	1
1-4	1	0	0	0	0	0	0	0	1	0	1
5-14	11	8	9	10	4	9	9	3	11	19	20
15-24	242	195	234	239	371	331	221	235	280	317	254
25-34	160	135	119	167	249	247	212	200	344	382	295
35-44	59	59	50	67	112	90	89	80	159	164	161
45-54	28	17	29	22	42	37	36	41	48	80	49
55-64	13	4	8	16	22	18	20	18	27	34	31
65-74	4	5	5	1	4	6	10	4	6	10	11
75-84	0	2	1	2	2	2	2	2	3	2	2
>=85	0	0	2	2	2	2	2	0	4	1	1
Total	518	427	457	526	809	744	601	584	884	1008	826

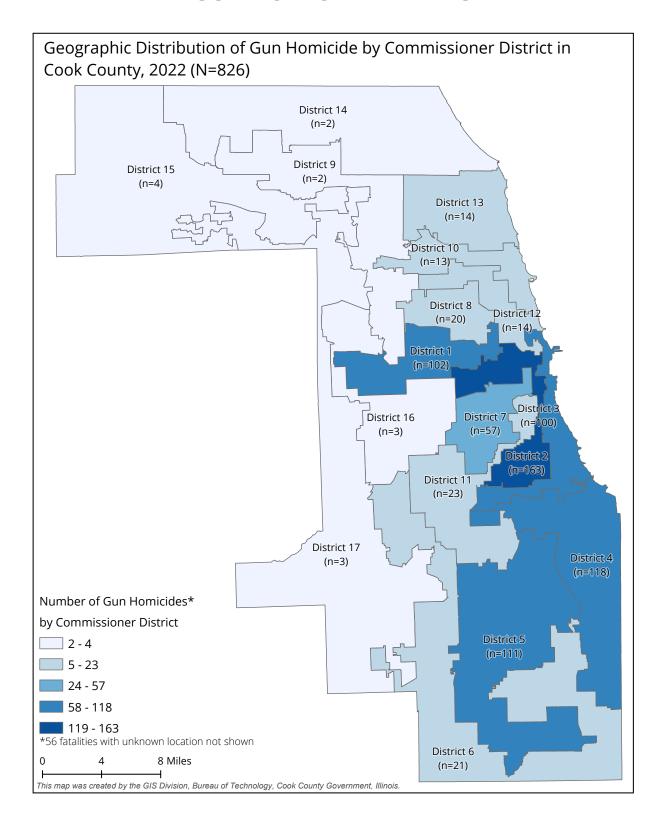


TABLE 29. FREQUENCY OF HOMICIDES FROM GUNSHOT WOUND BY RACE AND LATINO ORIGIN

	2021	2022
	% of Total	% of Total
White	4.65%	6.00%
Black	79.29%	74.95%
Latino	14.51%	17.79%
Other	1.55%	1.26%

INFANT DEATHS

CCMEO investigated a total of 66 infant¹⁵ deaths in 2022.

TABLE 30. INFANT DEATH BY MONTH AND YEAR

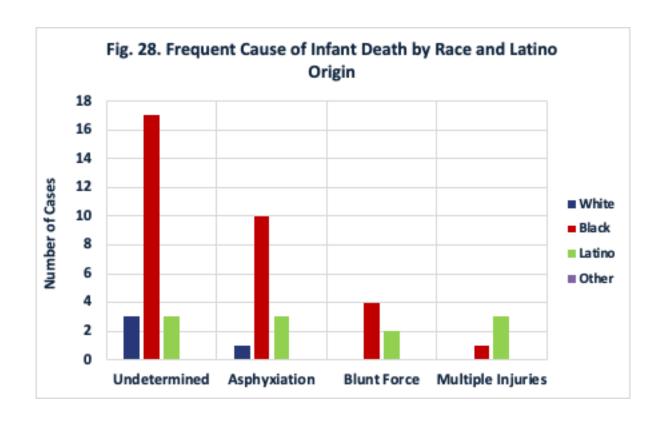
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total
2016	6	7	10	12	11	13	6	6	7	9	12	13	112
2017	7	7	8	3	8	8	12	11	6	8	6	12	96
2018	9	3	8	6	5	6	14	10	6	3	15	10	95
2019	10	4	8	8	8	9	9	8	3	2	5	9	83
2020	6	4	3	12	11	10	4	5	5	5	10	5	80
2021	8	6	9	3	11	10	9	7	6	7	8	6	90
2022	4	2	8	6	6	8	8	3	6	7	2	6	66

^{15 0-1-}year-old

INFANT DEATHS

TABLE 31. FREQUENT CAUSE OF INFANT DEATH BY RACE AND LATINO ORIGIN

CAUSE	WHITE	BLACK	LATINO	OTHER	Total
Undetermined	3	17	3	0	23
Asphyxiation	1	10	3	0	14
Blunt Force	0	4	2	0	6
Multiple Injuries	0	1	3	0	4



CHILDREN DEATHS

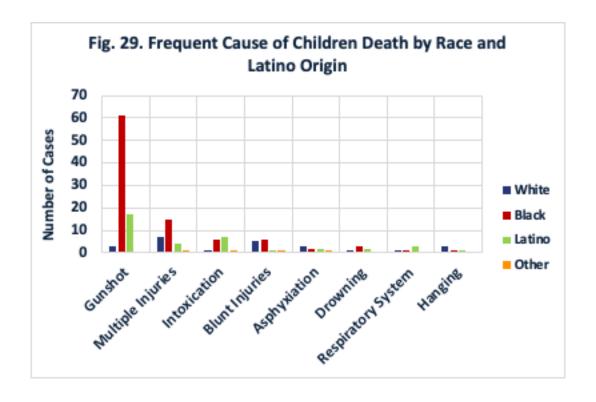
CCMEO investigated a total of 182 children's deaths 16 in 2022.

TABLE 32. CHILDREN DEATH BY MONTH AND YEAR

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total
2016	13	10	8	8	16	15	18	14	6	15	13	13	149
2017	10	16	10	11	17	22	13	17	12	10	11	7	156
2018	7	7	12	5	14	14	15	32	12	17	10	4	149
2019	6	11	12	9	11	10	13	12	12	15	7	13	131
2020	16	3	10	14	37	15	9	12	6	6	9	16	153
2021	5	10	14	13	22	17	24	14	18	19	18	8	192
2022	11	14	7	9	15	24	23	14	12	20	21	12	182

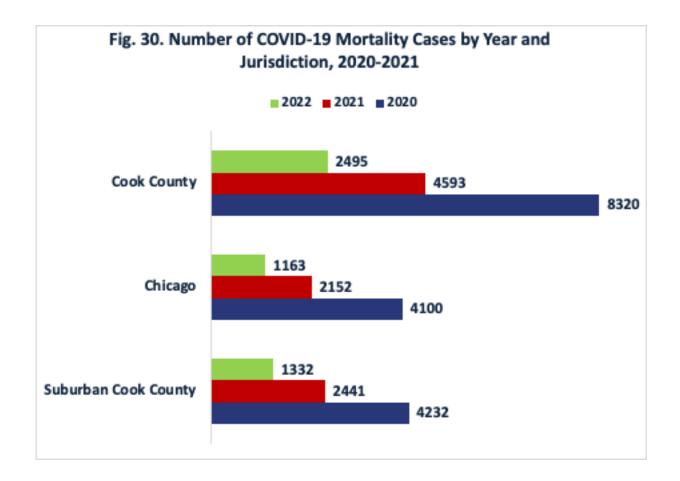
¹⁶ Age 2-17

CHILDREN DEATHS

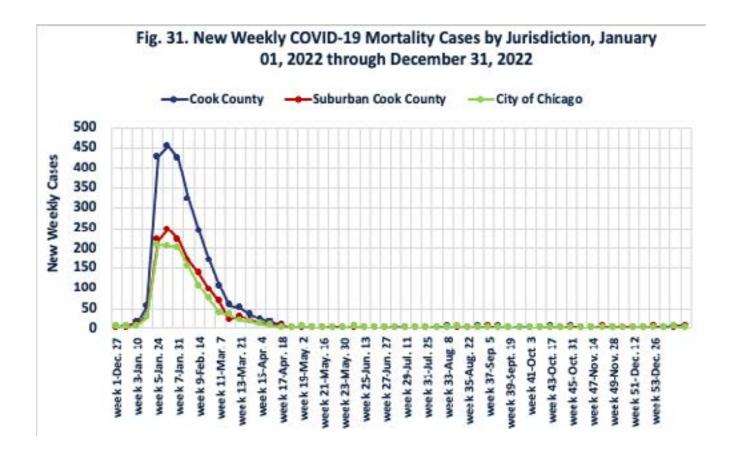


COVID-19 DEATHS

CCMEO investigated 2,495 COVID-19 cases from January 1, 2022, to December 31, 2022. The breakdown of deaths due to COVID-19 by jurisdiction and year is shown.



COVID-19 DEATHS



New weekly cases of COVID-19 deaths fluctuated between January and December 2022 in Cook County. The number of deaths was highest in week three (n=452).

APPENDIX A

The "At A Glance" section was prepared using data produced by Lablynx between January 1, 2022, to December 31, 2022. Data for manner of death (accident, homicide, natural, suicide, undetermined), organ, tissue and cornea donations were pulled independently.

All the tables and figures reflect cases that start with ME2022. If these data are filtered out by date of death, date of incident or date of examination, these numbers will be different. The trend figures reflect cases that start with ME2016, ME2017, ME2018, ME2019, ME2020 and ME2021.

To find the city of incident, cases were filtered for each jurisdiction including Cook County, City of Chicago and suburban Cook County. The only exception is COVID-19 deaths which were filtered out by city of residence.

ACKNOWLEDGEMENTS

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