

#4-4143 David Cohen, 1644 45th Ave. Mountair
 B-415238LD STATE OF ILLINOIS
 STATE FILE NUMBER **605941**

5 15' 11" 20 + REC L1-21, Blk 15,
 Calumet Add to E Chicago, PB 8/32
 TITLE INSURANCE COMPANY, C, & S

MEDICAL CERTIFICATE OF DEATH

CHICAGO

INDIANA DIVISION, 1985 #30 201-9

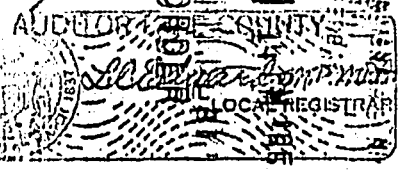
REGISTRATION DISTRICT NO. 16.10		REGISTERED NUMBER 825182		DECEASED NAME		FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. CHARLES		TIMKOVICH		2. MALE		3. MARCH 18, 1985					
4a. WHITE		5a. 75		6. JULY 31, 1909		7a. Cook					
7b. Chicago		7c. V. A. WESTSIDE MEDICAL CENTER		7d. INPATIENT							
8. INDIANA		9. U. S. A.		10. NEVER MARRIED		11. None					
12. 312 10 8277		13a. Gas Station Oper		13b. SELF EMPLOYED		13c. YES		13d. WW II			
14a. 4735 S. EUCLID Ave.		14b. EAST CHGO		14c. Yes		14d. Lake		14e. INDIANA			
15a. JOHN		15b. TIMKOVICH		15c. HELEN		15d. SEKMAR					
17a. WANDA SCOTT DETAILS CLERK		17b. HOSPITAL		17c. P. O. BOX 8195 CHGO, IL. 60680							
18. DEATH WAS CAUSED BY:		PART I. IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		10a. Pulmonary Edema									
		10b. Congestive Heart Failure									
		10c.									
PART II. OTHER SIGNIFICANT CONDITIONS:		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)						AUTOPSY (YES/NO)			
20a.		20b.						19a. NO			
20c.		20d.						19b.			
21a. 3/18/85		21b. NO		21c. 10:46		21d. A. M.					
22a. David Levine		22b. 3/18/85									
22c. DR. DAVID LEVINE M. D.		22d. PERMIT									
23.		24a. Burial		24b. Holy Ghost		24c. Hammond, Indiana		24d. 3-21-1985			
25a. M.D. CLIFF MORTUARY SERVICES		25b. 7963									
26a. Lonnie C. Edwards, M.D., M.P.A.		26b. MAR 21 1985									

STATE OF ILLINOIS
 COUNTY OF COOK SS
 CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

FILED

OCT 1 1985



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO

400 CT