

REGISTRATION DISTRICT NO 16.10

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 614681

Key # 30-625-8

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) DAVID MCELROY 2 MALE 13 SEPTEMBER 6, 2001

COUNTY OF DEATH COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO 2002 HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) VA CHICAGO HEALTHCARE SYSTEM, LAKESIDE DIVISION

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) WHEATCROFT, KY MARRIED, NEVER MARRIED, FOREIGN, DIVORCED (SPECIFY) MARRIED

RESIDENCE (STREET AND NUMBER) 400-48-8923 FOREMAN INLAND STREET EAST CHICAGO

FATHER-NAME FIRST MIDDLE LAST JOHN L. MCELROY NELLIE BELL

18. PART I. Immediate Cause (Final disease or condition resulting in death) PANCREATIC CANCER

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) GASTRIC OUTLET OBSTRUCTION

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

22a. SIGNATURE OF CERTIFIER ERINN TUCK, M.D. [Signature]

22c. VA CHICAGO HEALTHCARE SYSTEM, LAKESIDE DIVISION

23. BURIAL, CREMATION, REMOVAL (SPECIFY) EVERGREEN MEMORIAL HOBART, INDIANA

25a. STAMPS FUNERAL HOME 10834 S. MICHIGAN CHICAGO ILLINOIS 60628

25b. LOCAL REGISTRAR'S SIGNATURE [Signature]

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 10 2001

SEP 10 2001

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



[Signature] JOHN L. WILHELM, MD LOCAL REGISTRAR

FITTED

APR 17 2002

PETER BENJAMIN AUDITOR

[Signature]

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH