

REGISTRATION DISTRICT NO. 1510

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
14263

DATE OF DEATH (MONTH, DAY, YEAR)
SEPTEMBER 28, 2003

DATE OF BIRTH (MONTH, DAY, YEAR)
MAY 9, 1948

SEX
MALE

DECEASED-NAME
FIRST MIDDLE LAST
DANIEL T. PAULS, JR.

1. COUNTY OF DEATH
COOK

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
CHICAGO

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
EAST CHGO., IND

7. SOCIAL SECURITY NUMBER
304-48-1899

10. RESIDENCE (STREET AND NUMBER)
1747 LAKE AVE

13a. STATE
INDIANA

13b. FATHER-NAME
DANIEL PAULS

15. INFORMANT'S NAME (TYPE OR PRINT)
ONEIL GATHERRIGHT

17a. 18. PART I. Immediate Cause (Final disease or condition resulting in death)
HYPOXIC ENCEPHALOPATHY

20a. DATE OF OPERATION, IF ANY
NONE

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
VA 9-28-03

22a. SIGNATURE AND ADDRESS OF CERTIFIER
MONIKA MOHAN M.D.
VA CHICAGO HEALTHCARE SYSTEM-WESTSIDE 820 S. DAMEN AVE 60612

24b. FUNERAL HOME
ST. CASIMIR CEMETERY

25a. FUNERAL REMOVALS
919 N. GARFIELD AVE., LOMBARD, IL 60148

26a. LOCAL REGISTRAR'S SIGNATURE
John L. Wilhelm, M.D.

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
OCT 01 2003

26c. DATE OF BIRTH (MONTH, DAY, YEAR)
MAY 9, 1948

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26e. SEX
MALE

26f. MARRIAGE STATUS
DIVORCED

26g. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
VA CHICAGO HEALTHCARE SYSTEM-WESTSIDE

26h. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
NONE

26i. KIND OF BUSINESS OR INDUSTRY
SELF-EMPLOYED

26j. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
HAMMOND

26k. INSIDE CITY (YES/NO)
YES

26l. COUNTY
LAKE

STATE OF INDIANA
LAKE COUNTY

FILED
OCT 3 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

000375

106255

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