REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 607383

1. DECEASED–NAME: FIRST Belia MIDDLE Galvez LAST
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): May 20, 2004
4. COUNTY OF DEATH: Cook
5a. AGE–LAST BIRTHDAY (YRS): 57 yr.
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 11, 1946
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St Mary of Nazareth Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Mexico
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): None
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 313-52-8904
11a. USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS OR INDUSTRY: Home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 6 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 4431 Baring Ave.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: East Chicago
13c. INSIDE CITY (YES/NO): yes
13d. COUNTY: lake
13e. STATE: Indiana
13f. ZIP CODE: 46312
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): white
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☐ NO ☒ YES SPECIFY: Mexican
15. FATHER–NAME FIRST Tomas MIDDLE LAST Zepeda
16. MOTHER–NAME FIRST Alicia MIDDLE G. (MAIDEN) LAST Gamiz
17a. INFORMANT'S NAME (TYPE OR PRINT): Irene ~~Zepeda~~ Galvez
17b. RELATIONSHIP: Sister
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 1891 Arthur Anahiem CA. 92804

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) CARDIO-RESPIRATORY FAILURE	05/20/04 at 00:01 HR
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b) TERMINAL MALIGNANT NEOPLASIA Recurrent	
	DUE TO, OR AS A CONSEQUENCE OF (c) CARCINO-SARCOMA of Uterus. INCREASING ASCITIS (4) Sepsis Hypoproteinemia (5) Severe Anemia	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): no
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): May 20, 2004
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): no
21c. HOUR OF DEATH: 1:00 am M.

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

22a. SIGNATURE AND NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Amalandu Majumbar
22b. DATE SIGNED (MONTH, DAY, YEAR): MAy 21, 2004
22c. 2222 W. DIVISION. Suit 340. CHICAGO IL. 60622
22d. ILLINOIS LICENSE NUMBER: 036 049823

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY–NAME	24c. LOCATION CITY OR TOWN	STATE	24d. DATE (MONTH, DAY, YEAR)
Burial	Ridgelawn Cemetery	Gary	Indiana	May, 24, 2004

25a. FUNERAL HOME NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Aero Removals 919 N Garfield Lombard IL. 60148

25b. FUNERAL DIRECTOR'S SIGNATURE

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034 014391

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

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAY 24 2004

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 24 2004

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 OF BIRTHS, STILLBIRTHS 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.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

2005 050731

John L. Wilhelm, M.D.
LOCAL REGISTRAR

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUN 20 2005
STEPHEN R. STIGLICH
RECORDER

FILED
JUN 20 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Dept # 30-76-6

Norma Galvez

001653