

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

CASE #: 352 JUL 2004

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
610510

DECEASED - NAME FIRST MIDDLE LAST
1. TIMOTHY P GALVIN JR.
COUNTY OF DEATH
4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
6a. CHICAGO
7. CHICAGO IL
SOCIAL SECURITY NUMBER
10. 304-38-9024
RESIDENCE STREET AND NUMBER
13d. 1918 LANDBERT LANE
STATE
13e. ILLINOIS
FATHER - NAME FIRST MIDDLE LAST
15. TIMOTHY GALVIN

AGE - DAY MONTH YEAR
5a. 66 5b. 66 5c. 66
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. MARRIED
USUAL OCCUPATION
11a. LAWYER
CITY, TOWN, OR ROAD DISTRICT NO.
11b. LAW
CITY, TOWN, OR ROAD DISTRICT NO.
13b. MUNSTER
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)
14a. WHITE
MOTHER - NAME FIRST MIDDLE LAST
16. GRAZILLA CHERVIGNY
RELATIONSHIP
17b. WIFE
MAILING ADDRESS (CITY OR TOWN, STATE, ZIP)

HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN HOME, DIVISION STREET AND NUMBER
6b. NORTHWESTERN MEMORIAL HOSPITAL
NAME OF SURVIVING SPOUSE
8b. KAREN WILKE
KIND OF BUSINESS OR INDUSTRY
12. 12
INSIDE CITY (YES/NO)
13c. 13d. COUNTY
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
12. 05
CHIEF (12a or 12b)

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY
6c. CHICAGO IL
WAS DISEASED UNDER THE NAME (FORCED YES/NO)
9. INPATIENT

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
(a) HEMOTHORAX
DUE TO, OR AS A CONSEQUENCE OF
(b) METASTATIC CANCER
DUE TO, OR AS A CONSEQUENCE OF
(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20a. NATURAL
20b. PLACE OF INJURY (AT HOME, KAREN, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
20c. CITY, VIL OR TOWN, OR TWP, OR RD. DIST. NO., COUNTY, STATE
20d. M. 20e. 20f. 20g. 20h. YES NO
20i. YES NO

21a. AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. JUL 21, 2004
DATE SIGNED
22a. WENDY A LAVEZZI, M.D.
PHYSICIAN'S SIGNATURE
22b. JUL 22, 2004
DATE SIGNED
23a. WENDY A LAVEZZI, M.D.
PHYSICIAN'S SIGNATURE
23b. JUL 22, 2004
DATE SIGNED
24a. BURNING
CEMETERY OR CREMATORY-NAME
24b. REGIONAL CREMATION
CITY OR TOWN
24c. MUNSTER, IND
CITY OR TOWN
24d. July 29, 2004
DATE

25a. DURANTE FUNERAL SERVICE POX 1007
FUNERAL DIRECTOR'S SIGNATURE
25b. Street 25 Route
LOCAL REGISTRAR'S SIGNATURE
25c. 034-012098
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. DES PLAINES, ILL 60017
25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.

26a. LOCAL REGISTRAR'S SIGNATURE
26b. John L. Wilhelm, M.D.
DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR
JUL 27 2004

26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

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