



No: 920072006

**LEGAL DESCRIPTION**

Lots 1 to 20, both inclusive, and the North 41.4 feet of Lots 45 to 48, both inclusive, in Block 1; in F.B. Hall's Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 3 page 17, in the Office of the Recorder of Lake County, Indiana.



REGISTRATION DISTRICT NO. **16, 10**

STATE OF ILLINOIS

STATE FILE NUMBER

# MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**JUL 26 2005**

DECEASED-NAME **David Scott Berry** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **3 July 24, 2005**

COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **50** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF DEATH (MONTH, DAY, YEAR) **3 July 24, 2005**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **University of Illinois Hospital** IF HOSP. OR INST. INDICATE D.O.A. OR PRIMER, RM, INPATIENT (SPECIFY) **60499**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Impatient** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **No**

SOCIAL SECURITY NUMBER **Chicago** USUAL OCCUPATION **Married** 8b. **Illl Daryl Braun** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **9. No**

RESIDENCE (STREET AND NUMBER) **356-50-4164** 11a. **Merchant** 11b. **Army/Navy Surpl** KIND OF BUSINESS OR INDUSTRY (Elementary/Secondary (0-12) College (1-4 or 5+)) **14**

STATE **IN** ZIP CODE **10231** 13b. **Cherrywood In.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13c. Yes** 13d. **Lake** INSIDE CITY (YES/NO) **14**

FATHER-NAME FIRST **IN** MIDDLE **1346321** LAST **14a. White** 14b. **X NO** 14c. **YES** SPECIFY **Middle** 14d. **Yes** OF HISPANIC ORIGIN? (SPECIFY) **NO** 14e. **NO** 14f. **NO** 14g. **NO** 14h. **NO** 14i. **NO** 14j. **NO** 14k. **NO** 14l. **NO** 14m. **NO** 14n. **NO** 14o. **NO** 14p. **NO** 14q. **NO** 14r. **NO** 14s. **NO** 14t. **NO** 14u. **NO** 14v. **NO** 14w. **NO** 14x. **NO** 14y. **NO** 14z. **NO**

15. **Leonard I. Berry** MOTHER-NAME FIRST **Joyce** MIDDLE **Aliber** LAST **Aliber**

17a. **Jill Berry** RELATIONSHIP **17b. Wife** 17c. **10231 Cherrywood In. Munster, IN** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **40321**

18. **Part II.** 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 for each line.

Immediate Cause (Final disease or condition resulting in death) **(a) Septic Shock** DUE TO OR AS A CONSEQUENCE OF **(b) Bacteremia** DUE TO OR AS A CONSEQUENCE OF **(c)**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST.

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

1(D) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **21a. July 24, 2005** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b. No** HOUR OF DEATH **21c. 3:45 AM** DATE SIGNED (MONTH, DAY, YEAR) **22b. 07/25/05**

22a. SIGNATURE **MEGAN MD** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22d. 125-048621** ILLINOIS LICENSE NUMBER

22c. **Michael Chan, MD., 1740 W. Taylor, Chgo, IL 60612** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. **Laura Pedelty, MD., (Dept. of Neurology)** BUIAL, CREMATION, REMOVAL (SPECIFY) **24b. Shalom Memorial Park** LOCATION **24c. Arlington Hgts. IL** CITY OR TOWN **24d. July 27, 2005** DATE (MONTH, DAY, YEAR)

24a. **Burial** FUNERAL HOME **24b. Shalom Memorial Park** STREET AND NUMBER OR R.F.D. **24c. Arlington Hgts. IL** CITY OR TOWN **24d. July 27, 2005** DATE (MONTH, DAY, YEAR)

25a. **Olson Burke/Sullivan** FUNERAL DIRECTOR'S SIGNATURE **6467 N. Northwest Hwy., Chicago IL 60631** STREET AND NUMBER OR R.F.D. **Chicago IL 60631** ZIP

25b. **Douglas Klein** LOCAL REGISTRAR'S SIGNATURE **034-015701** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 26 2005**

26a. **John L. Wilhelm, MD.** LOCAL REGISTRAR'S SIGNATURE **034-015701** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 26 2005**

VR3200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH



**John L. Wilhelm, MD.**  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

