



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 10.1U

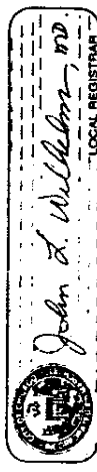
STATE FILE NUMBER

606162

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

APR 27 2005

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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Form containing fields for DECEASED-NAME (RAUL RODRIGUEZ), COUNTY OF DEATH (COOK), DATE OF DEATH (APRIL 21, 2005), SEX (MALE), MARRIAGE STATUS (MARRIED), OCCUPATION (COOK), RESIDENCE (2939 E. 95th ST., CHICAGO, IL 60617), CAUSE OF DEATH (Metastatic cancer of stomach), and SIGNATURE (Richard F. Warren, M.D.).