

UNOFFICIAL COPY

JAN 27 2005

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County:

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	DECEASED NAME FIRST MIDDLE LAST 1. Richard A. Walsh		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 25, 2005	
	COUNTY OF DEATH 4. Cook		AGE—LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. River Forest		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 823 Ashland Avenue		IF HOSP. OR INST. INDICATE D.O. OP/EMER. RM, INPATIENT (SPECIFY) 6c.
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Patricia Igoe	
	SOCIAL SECURITY NUMBER 10. 335-24-2482		USUAL OCCUPATION 11a. Attorney	KIND OF BUSINESS OR INDUSTRY 11b. Law	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary/Secondary (0-12) College (1-4 or 5+) 5+
	RESIDENCE (STREET AND NUMBER) 13a. 823 Ashland Avenue		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. River Forest	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
	STATE 13e. Illinois	ZIP CODE 13f. 60305	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
	FATHER—NAME FIRST MIDDLE LAST 15. John J. Walsh		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Emma Dowdall		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Patricia I. Walsh		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 823 Ashland Ave., River Forest, IL	
	18. PART I. Immediate Cause (Final disease or condition resulting in death)		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
		(a) MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF		minutes	
		(b) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF		YEARS	
		(c) ARTERIOSCLEROSIS AND DIABETES MELLITUS		YEARS	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Auricular fibrillation; Congestive Heart Failure			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. December 14, 2004		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	HOUR OF DEATH 21c. 8:10 A.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. Jan. 26, 2005			
22a. SIGNATURE <i>William J. Cahill, M.D.</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. William J. Cahill M.D. Chicago, Illinois 60657		ILLINOIS LICENSE NUMBER 22d. 036-032359	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Queen of Heaven	LOCATION CITY OR TOWN STATE 24c. Hillside, Illinois	DATE (MONTH, DAY, YEAR) 24d. Jan. 28, 2005		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Drechsler, Brown & Williams 203 S. Marion St., Oak Park, Illinois 60302		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Charles M. Williams</i> Charles M. Williams		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012154	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JAN 27 2005			

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