

UNOFFICIAL COPY

Lot 5 in Block 1 in Cobe and McKinnon's 63rd Street and California Avenue Subdivision, a subdivision of the West 1/2 of the Southeast 1/4 of Section 13, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 19-13-403-006-0000
Address(es) of Real Estate: 2611 West 95th Street, Chicago, Illinois 60629

Property of Cook County Clerk's Office

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COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0005634 MEDICAL EXAMINER'S CASE NUMBER 340 JAN 13 DATE ISSUED 1/24/2013

DECEDENT'S LEGAL NAME GILBERTO SILVA-MONTOYA		SEX MALE	DATE OF DEATH JANUARY 19, 2013
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH FEBRUARY 25, 1946	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 5160 S PULASKI ROAD	
PLACE OF DEATH SCENE			
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARIA FELICITAS RICO SANCHEZ
RESIDENCE 2611 W 59TH STREET		APT. NO.	CITY OR TOWN CHICAGO
INSIDE CITY LIMITS? YES		EVER IN U.S. ARMED FORCES? NO	
COUNTY COOK	STATE IL	ZIP CODE 60632	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUIS SILVA
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA MONTOYA		MAILING ADDRESS 2611 W 59TH STREET, CHICAGO, IL, 60632	
INFORMANT'S NAME MARIA FELICITAS SILVA	RELATIONSHIP WIFE	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION EVERGREEN CEMETERY	DATE OF DISPOSITION JANUARY 24, 2013	
FUNERAL HOME FUNERARIA DEL ANGEL SAGRADO CO RAZON FUNERAL HOME, 5218 S. KEDZIE, CHICAGO, IL, 60632			
FUNERAL DIRECTOR'S NAME ESMERALDA RAMIREZ		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015830	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JANUARY 22, 2013	
CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)	
		b. _____ Due to (or as a consequence of)	
		c. _____ Due to (or as a consequence of)	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:
DESCRIBE HOW INJURY OCCURRED:			
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JANUARY 19, 2013
			TIME OF DEATH 02:40 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 21, 2013
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA, M.D., 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER

Record Amended on: 1/24/2013

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE