

L.M.

EXHIBIT

7

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Form with fields for date of death (Feb. 14, 1981), location (New York), and medical history. Includes handwritten notes and signatures.

GOVERNMENT T.A.C. CO. (C. GOVERNMENT, NEW YORK

RECORD OF JOES HELD

NAME Date of Hire 8/4/54

Table with columns: DATE, JOB CLASSIFICATION, DEPT. Includes entries for 8/2/54 (Laborer, M11), 9/3/54 (1st Miller (SC), M11), 10/25/54 (2nd Miller, M11), 1/17/55 (Quality Control, M11), 9/1/70 (Supervisor Quality Control, M11).

Early retirement, age 63, under Pension Plan IM-325.

L.M.

PULMONARY HEALTH PHYSICIANS, P.C.

Diplomates, American Board
of Internal Medicine
Pulmonary Diseases,
and
Jung, 1994

Dr. Thomas R. Aukle - 1
Dr. Edward T. Downing - 1, 2, 3
Dr. Sherif G. El Bayadi - 1
Dr. Michael J. Finnrop

Pulmonary Disease including Rehabilitation
Allergy/Immunology
Cardiopulmonary Exercise Testing
Sleep Related Breathing Disorders

Mirza Ashraf, M.D.
West Street Road
Carthage, New York 13619

RE: [REDACTED]

Dear Dr. Ashraf:

Mr. [REDACTED] returned to my office today for follow-up. He has no symptoms after being discharged from the hospital and had a follow-up by Dr. Burke to evaluate a residual pneumothorax after removing a chest tube and was found to have resolved apparently and was discharged. He on examination appears to be alert, oriented, cooperative. His pupils are equal and reactive. Lung examination reveals inspiratory rales over the right base. There is no hyper-resonance to percussion and there is no tracheal shift. His heart is regular with a normal S1, S2. His abdomen is soft and nontender.

His pathology was very difficult to finally obtain and, as you know, he did have to have a thoroscopic procedure with partial pleurectomy and biopsies. The initial reading was malignant mesothelioma, calcified pleural plaques, and pulmonary ferruginous bodies. That was also sent out for consultation to Dr. Anna Louise Katzenstein who agreed with the diagnosis of malignant mesothelioma.

I have discussed this diagnosis with Mr. [REDACTED] and his wife and have suggested, if okay with you and with Dr. Sherman, to have an oncologist evaluate the situation at this point. Multi-modality therapy for malignant mesothelioma is an option, but in conjunction with a prostate tumor, there may be variations or certain considerations that should be kept in mind. I will be happy to see Mr. [REDACTED] in follow-up if needed and will have a chest x-ray done today to follow-up his changes after being discharged from the hospital.

Again, thank you for letting me participate in caring for this very pleasant man with an unfortunate medical problem.

Sincerely,

Sherif G. El Bayadi
Sherif G. El Bayadi, M.D., F.C.C.P.

SGE:ACCU\Med:cdm

CC: William Sherman, M.D., 1, Fellow, American College
of Chest Physicians
2, Diplomat, American Board
of Sleep Medicine
3, Diplomat, American Board
of Internal Medicine

5100 West 79th Road, Suite 3D
Liverpool, New York 13088

School of Medicine
Department of Veterans
Affairs
Division of Pulmonary Disease
& Critical Care Medicine

January 17, 1996

John Kalke
Manager, Occupational Health & Safety
R.T. Vanderbilt Company, Inc.
30 Windfield Street
Norwalk, CT 06855

Dear John:

I reviewed the chest radiographs from June 1994 on Mr. [REDACTED] and showed them to our chest radiologist as well. After a large right pleural effusion was drained there was some residual pleural thickening along the right lateral chest wall but no definite pleural mass. I see nothing which specifically suggests a mesothelioma but there does appear to be a linear density along the right hemidiaphragm consistent with a calcified pleural plaque. I don't see any other plaques or calcifications. The chest radiograph is not very specific for ruling out a mesothelioma but I would say there is nothing other than the possible pleural plaque which raises that suspicion.

I hope this is helpful. Also, I would like to start planning for the trip to Gouverneur so let me know about the time frame. I hope you had a good holiday.
Sincerely yours,

Brian Boockelleck
Brian Boockelleck, M.D.
Associate Professor of Medicine

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL



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