

13328

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A  
B  
C  
D

This Document is the property of  
the Lake County Recorder.

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUL 25 1968  
Date issued  
APR 2 1969

HAMMOND HEALTH COMMISSIONER  
FROGG & HAMMOND 2ND AND 1/2

EMERGENCY NAME  
L. 11  
BL. 3

EMERGENCY NAME  
L. 11  
BL. 3

EMERGENCY NAME  
L. 11  
BL. 3

906



Provisional Certificate  
 Yes  No

FUNERAL DIRECTOR FOR LAKE COUNTY

Mr. Peter C. Bomberger, Atty.  
5217 Hohman Ave.  
Hammond, Ind. 46320  
INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH  
State No. 781

Local No. 626 13328

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. RUBY		R.	SCHAUER	FEMALE		7-23-68
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. WHITE		5a. 75	5b.	5c.	6. 1/18/1899	LAKE
7a. TOWN, OR LOCATION OF DEATH		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. HAMMOND		7b. YES		7c. ST. MARGARETS HOSPITAL		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. INDIANA		9. U.S.A.		10. WIDOWED		
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY		
12. NOT AVAILABLE		13a. HOUSEWIFE		13b. OWN HOME		
14a. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. INDIANA		14b. LAKE		14c. HAMMOND		14d. YES
14e. STREET AND NUMBER		14f. CITY, TOWN OR LOCATION		14g. INSIDE CITY LIMITS (SPECIFY YES OR NO)		14h. TOWNSHIP
14e. 930 SIBLEY ST.		14f. HAMMOND		14g. YES		14h. NORTH
14i. IS RESIDENCE ON A FARM?		14j. YES <input type="checkbox"/>		14k. NO <input checked="" type="checkbox"/>		
15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME	
15. JAMES		H.	TALLMAN		16. SUSAN EINSELE	
17a. INFORMANT—NAME		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. MRS T.S. KENYON		17b. DAUGHTER		17c. 4754 ASH ST. HAMMOND, INDIANA		
18. DEATH WAS CAUSED BY:		PART I. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) Senile Lachena		(a) Senile Lachena				141'
18. (b) Hypertension generalized AS disease		(b) Hypertension generalized AS disease				44'
18. (c) age incident		(c) age incident				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		DIABETES MELLITUS		APR 22 1968		
19. DEATH OCCURRED		20. THE DECEDENT WAS PRONOUNCED DEAD		21. DATE SIGNED		
19. July 23 1968		20. July 23 1968		21. July 23 1968		
22a. NAME (TYPE OR PRINT)		22b. SIGNATURE		22c. DEGREE OR TITLE		
22a. S. B. STERN, M.D.		22b. [Signature]		22c. M.D.		
23. MAILING ADDRESS—CERTIFIER		23a. STREET OR R.F.D. NO.		23b. CITY OR TOWN		23c. STATE
23. 5231 Hohman		23a. HOHMAN		23b. Hammond		23c. Indiana
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY, CREMATORY, FUNERAL HOME		24c. LOCATION		24d. FUNERAL HOME NUMBER
24a. BURIAL		24b. ELMWOOD CEMETERY		24c. HAMMOND, INDIANA		24d. 281
24e. DATE (MONTH, DAY, YEAR)		24f. FUNERAL HOME—NAME AND ADDRESS		24g. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24e. JULY 26, 1968		24f. BUENS FUNERAL HOME		24g. 5840 HOHMAN AVE. HAMMOND, IND.		
25a. FUNERAL DIRECTOR—SIGNATURE		25b. HEALTH OFFICER—SIGNATURE		25c. DATE RECEIVED BY LOCAL HEALTH OFFICER		
25a. George A. Burns		25b. [Signature]		25c. JUL 25 1968		

GEORGE A. BURNS

EMERGENCY NAME

906



FUNERAL DIRECTOR FOR LAKE COUNTY

SBH 6-24-2