

581977

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

Below for State Office Use  
(KEY 26-10-23  
EX 2 1/2 x 1 1/2 EX 5.2 7 1/2  
S 1/2 S 1/2 NW NW 8 x E 1/2  
+ EX W. 33 1/2 S 35 1/2 R 1/2

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
OCT 25 1972  
Date issued  
Provisional  
Certificate  
 Yes  No

FUNERAL HOME  
LICENSE No. 5149  
FUNERAL DIRECTOR'S  
LICENSE No. 2136  
FURNAL DIRECTOR'S  
SIGNATURE  
FURNAL HOME  
LICENSE No. 275

581977

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Please return to  
Bonnie Cream  
auditor's office  
State  
No.

Local No. 947

PERMANENT OR SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST CARL RUDOLPH SPENNER			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 10-6-1972
RACE White	AGE—LAST BIRTHDAY (YEARS) 76	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 1-20-1895	COUNTY OF DEATH Lake	
CITY, TOWN, OR LOCATION OF DEATH Hammond, Indiana		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Margaret Hospital (DOA)			
CITIZEN OF WHAT COUNTRY USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lillian Wickhorst		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
SOCIAL SECURITY NUMBER 312-10-6053		OCCUPATION (GIVE KIND OF WORK DONE DURING LAST OF WORKING LIFE, EVEN IF RETIRED) Machinist		KIND OF BUSINESS OR INDUSTRY Steel forging plant		
STREET AND NUMBER 720 N. Broad Street		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	TOWNSHIP Calumet	CITY, TOWN, OR LOCATION Griffith		
FATHER—NAME FIRST MIDDLE LAST John Spenner		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Johanne Anderson		RELATIONSHIP Wife		
MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 720 N. Broad St, Griffith, Ind 46319		14p. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes—Army—WW I		14b. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE Asphyxial myocardial infarction		19. SIGNIFICANT CONDITIONS DUE TO, OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8:45		
20. DATE WHEN DEATH OCCURRED October 6, 1972		21a. TIME 7:30 A.M.		21b. DATE SIGNED October 9, 1972		
22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE Ralph A. Landeberg M.D.		23. MAILING ADDRESS—PHYSICIAN 1212 N. Broad Street Griffith Indiana		24. SIGNATURE OF PHYSICIAN Ralph A. Landeberg M.D. PHYS. CODE NO. N.D.		
25. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		26. CEMETERY, CREMATORY, FUNERAL HOME LOCATION Chapel Lawn Mem. Gdns. Scherville, Indiana		27. DATE (MONTH, DAY, YEAR) 10-9-1972		
28. FUNERAL HOME—NAME AND ADDRESS Royce Funeral Home 242 N. Griffith Blvd. Griffith, Ind 46319		29. HEALTH OFFICER'S SIGNATURE C. E. [Signature]		30. DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 13 1972		

