

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

Below for State Office Use

FILE WITH THE LAKE COUNTY HEALTH DEPT.  
JUL 9 1980  
FILE WITH THE LAKE COUNTY HEALTH DEPT.

FILED  
DEC 1 1981  
Provisional Certificate  
 Yes  No

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 1000-80

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

FUNERAL HOME No. 496

FUNERAL DIRECTOR'S AMPLIABILITY LICENSING No. 2381

FUNERAL DIRECTOR'S SIGNATURE

4539

EMBALMER'S NAME Frank J. Kish

8394739 Friedlich, Bomberger, Tweede  
Apr. 26 1987 - Blackman Atty 9006 Empire Blvd Joliet

DECEASED—NAME FIRST MIDDLE LAST <b>CHARLES G. BOMBERGER</b>				SEX <b>MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>JULY 4, 1980</b>
RACE—(Is White, Black, American Indian, etc.) <b>White</b>	AGE—Last Birthday <b>72</b>	UNDER 1 YEAR MUS DAYS <b>12/23/07</b>	UNDER 1 DAY HOURS <b>12/23/07</b>	DATE OF BIRTH (Mo. Day Yr.) <b>12/23/07</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>		HOSPITAL OR OTHER INSTITUTION—(Name (if not in other), give street and number) <b>1043 Elliot Drive</b>		IF HOSP OR INST. Indicate DOA, CP, etc. (Specify) <b>NO</b>	
STATE OF BIRTH (If not in U.S. & name country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>Helen Carr</b>		WAS DECEDENT EVER IN U.S. ARMY OR FORCE (Specify Year or Year 12) <b>NW11</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, been it retired) <b>Attorney</b>		KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Munster</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER <b>1043 Elliot Drive</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify City) <b>Yes</b>	
FATHER—NAME FIRST MIDDLE LAST <b>L. L. Bomberger</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Ida Griffin</b>			
INFORMANT—NAME (Type or Print) <b>Helen Bomberger</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>1043 Elliot Drive Munster, Indiana 46321</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Oakland Memory Lane</b>		LOCATION CITY OR TOWN STATE <b>Dalton Illinois</b>	
DATE (MONTH, DAY, YEAR) <b>July 7, 1980</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Burns Kish Funeral Home 8415 Calumet Munster, Ind.</b>			
To the best of my knowledge death occurred on the (date, place and due to the cause) <b>City patrol</b>		DATE SIGNED (Mo., Day Yr.) <b>JULY 6, 1980</b>		HOUR OF BIRTH <b>2:45 PM</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. William J Fitzpatrick</b>					
MAILING ADDRESS—PHYSICIAN <b>110 Ridge Road Munster, Indiana 46321</b>					
HEALTH OFFICER—(Name) <b>Frank J. Kish</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>7-7-80</b>			
PART I (a) <b>ACUTE CORONARY OCCLUSION</b>		Interval between onset and death <b>IMMEDIATE</b>			
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II <b>RETROPERITONEAL FIBROSIS; REGIONAL ENTERITIS</b>		AUTOPSY (Specify Year or Year 12) <b>YES</b>			

LC 400