

lot 10 University Center, 1st Munster 85/97
 Key # 28-231-10
 28-231

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

Below for State Office Use

FILED
 DEC 1 1981
 DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPT.
 JUL 3 1980

FILED
 DEC 1 1981
 DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPT.

EMBALMER'S NAME Frank J. Kib...
 FUNERAL HOME 496

FUNERAL DIRECTOR'S SIGNATURE
 FUNERAL DIRECTOR'S LICENSE NO. 2381

1200
 3 Vets
 652349

CHICAGO TITLE INSURANCE COMPANY
 INDIANA DIVISION

B 394739 Friedlich, Bomberger, Tweedle
 Mrs. 267887 Blackmun Atty 9006 Maple Blvd Joliet

Local No. 1000-80

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____
 DATE OF DEATH (MONTH, DAY, YEAR)
 JULY 4, 1980

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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST CHARLES G. BOMBERGER			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) JULY 4, 1980	
RACE—(a) White (b) Black (c) American Indian (d) Spanish White	AGE—Last Birthday 72	UNDER 1 YEAR MUS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (Mo., Day, Yr.) 12/23/07	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION—(name if not in either, give street and number) 1043 Elliot Drive		IF HOSP OR INST Includes DOA, OP, E, or other department (Specify) NO	
STATE OF BIRTH (if not in U.S. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (if wife, give maiden name) Helen Carr	WAS DECEASED EVER IN U.S. ARMY OR NAVY (Specify Year or Year 12) WWII	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		KIND OF BUSINESS OR INDUSTRY LAW	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Munster			
STREET AND NUMBER 1043 Elliot Drive		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify City) Yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST L. L. Bomberger		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ida Griffin			
INFORMANT—NAME (Type or print) Helen Bomberger		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1043 Elliot Drive Munster, Indiana 46321			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—(FURNERAL HOME) Oakland Memory Lane	LOCATION CITY OR TOWN Dalton	STATE Illinois	
DATE (MONTH, DAY, YEAR) July 7, 1980		FURNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Burns Kish Funeral Home 8415 Calumet Ave. Munster, Ind.			
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated. 21a. (Signature) Dr. William J Fitzpatrick		DATE SIGNED (Mo., Day, Yr.) JULY 6, 1980	HOUR OF DEATH 2:25 PM		
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. William J Fitzpatrick		MAILING ADDRESS—PHYSICIAN 110 Ridge Road Munster, Indiana 46321			
HEALTH OFFICER—SIGNATURE Frank J. Kib...		DATE RECEIVED BY LOCAL HEALTH OFFICER 7-7-80			
PART I (a) ACUTE CORONARY OCCLUSION		Interval between onset and death IMMEDIATE			
(b) _____		Interval between onset and death			
(c) _____		Interval between onset and death			
PART II RETROPERITONEAL FIBROSIS; REGIONAL ENTERITIS		AUTOPSY (Specify Yes or No) YES			

LC 400