

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

TYPE OF POLICY
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

825166

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 304-81

DECEASED—NAME 1 Waldemar E. Echterling		SEX Male		DATE OF BIRTH (month, day, year) February 22, 1981	
RACE— White		AGE— 81	UNDER 1 YEAR DATE	UNDER 1 DAY DATE	CITY OF BIRTH (month, day, year) 5-8-1899
CITY, TOWN OR LOCATION OF DEATH Crown Point		HOSPITAL OR OTHER INSTITUTION—Name of institution and number St. Anthony Medical Center		IF DECEASED IN HOSPITAL OR OTHER INSTITUTION Inpatient	
STATE OF BIRTH Illinois		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED NEVER MARRIED Married	
SOCIAL SECURITY NUMBER 315-30-7670		USUAL OCCUPATION (Name of occupation and industry) International Harvester Dealer		LIFE OF BUSINESS (or industry) Self-Employed	
RESIDENCE—STATE Indiana		CITY, TOWN OR LOCATION Lake Crown Point		IF RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15a 1001 S. Main Street		15b		15c Yes	
IS DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC					
FATHER—NAME Joseph Echterling		MOTHER—MAIDEN NAME Mathilda Batterman			
INFORMANT—NAME (Name of person) Julia Echterling (wife)		RELATIONSHIP (wife)		MAILING ADDRESS 1001 S. Main Street Crown Point, Indiana 46307	
DISPOSITION Burial		CEMETERY OR CREMATORY—FURNERAL HOME Calumet Park Cemetery		LOCATION Herrillville, Indiana	
DATE Feb. 25, 1981		FURNERAL HOME—NAME AND ADDRESS Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307			
21a J. W. Gentlemen M.D.		DATE SIGNED (month, day, year) Feb 24, 1981		HOUR OF DEATH 9:43 P.	
21b 12110 Grant St., Crown Point, IN		HEALTH OFFICER—SIGNATURE John Jerry M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 18 1985 2-24-81	
22 CARDIO PULMONARY ARREST		23 ARTERIOSCLEROTIC HEART DISEASE		24 years	
25 RUPTURED AORTIC ANEURYSM, CARCINOMA OF PROSTATE		26 No			

FUNERAL HOME
No. 125

FUNERAL DIRECTOR'S
LICENSE No. 366

SEP 12 1985
LICENSE No. 520

EMBALMER'S NAME
Marty Andersen

FUNERAL DIRECTOR'S
SIGNATURE

USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OCCURRED IN
INSTITUTION GIVE
RESIDENCE BEFORE
ADMISSION

STATE COUNTY HEALTH COMMISSIONER

DISPOSITION

MD OR DO.

CAUSE

CAUSE

SDH 08-003 State Form 33430
REV. 10/77

B-4152701D #3-4087 Sendack, Sendack & Luber, 209 S Main St, CP
E 476681 of W 939181 of NW 1/4 Sec 28-34-9 KEY 6-357

Below for State Office Use

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RECORDED
INDEXED
OCT 6 1985
LAKE COUNTY

FILED

4.00