

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

Below for State Office Use

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____
K. _____
L. _____
M. _____
N. _____
O. _____
P. _____
Q. _____
R. _____
S. _____
T. _____
U. _____
V. _____
W. _____
X. _____
Y. _____
Z. _____

FUNERAL HOME No. 750
 LICENSE No. 1085
 FUNERAL DIRECTOR'S LICENSE No. 896
 EMBALMER'S NAME: James J. Siacani
 FUNERAL DIRECTOR'S SIGNATURE: *James J. Siacani*
 COUNTY: *St. Joseph*

854423

Local No. *1099-82*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Hilbrich, Cunningham & Schuering
2637 - 45th St.
St. Joseph 46322
State No. _____

DECEASED—NAME 1 Florence H. Frank			SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 July 14, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Yr.) 5a 79	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 7-7-1903
CITY, TOWN OR LOCATION OF DEATH 7b Munster		HOSPITAL OR OTHER INSTITUTION—(Name if not in other place street and number) 7c Med-Inn		IF HOSP OR INST. (Specify DOA, OP, Emer. Rm., Inpatient) (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 George Frank	
SOCIAL SECURITY NUMBER 13 312-10-2955		USUAL OCCUPATION (Give time of work done during most of working life, even if retired) 14a Home Maker		KIND OF BUSINESS OR INDUSTRY 14b Domestic
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Munster		
STREET AND NUMBER 15d 8800 Oakwood			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16 Unavailable			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Unavailable	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a George Frank Husband		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 8800 Oakwood Munster, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b Oakland Memory Lane		LOCATION CITY OR TOWN STATE 19c Dolton, Illinois
DATE (MONTH, DAY, YEAR) 20a July 17, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322		
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Wideman, no</i>		DATE SIGNED (Mo., Day, Yr.) 21b 7/15/82	HOUR OF DEATH 21c 7:14/82 6:15 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Wm V. Hehemann				
MAILING ADDRESS—PHYSICIAN 21e 2905 Calumet Ave. Munster, IN				
HEALTH OFFICER—SIGNATURE 22a <i>Wm V. Hehemann M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 7-15-82	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) (a) Acute Coronary Heart Failure				Interval between onset and death 3 days
(b) Hypertensive Cardiovascular Disease				Interval between onset and death unknown
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Old Cardiovascular Accident				AUTOPSY (Specify Yes or No) 24.

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

MAY 15 1982
 STATE OF INDIANA
 DEPARTMENT OF HEALTH
 RECORDS SECTION
 ST. JOSEPH
 RECEIVED

324

450