

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

Below for State Office Use

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*Key 15-146-38  
Independence Hall  
all Oct 81*

882045

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. *282886*

FUNERAL HOME  
No. *126*

LICENSE No. *4419*

EMBALMER'S NAME  
*Bernard E. Little*

FUNERAL DIRECTOR'S  
LICENSE No. *319*

FUNERAL DIRECTOR'S  
SIGNATURE  
*Dorcas E. Little*

DECEASED--NAME 1 FIRST MIDDLE LAST <b>Emil Brunmeier</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>October 15, 1986</b>
RACE--(eg. White, Black, American Indian etc.) (Specify) 4 <b>White</b>	AGE--Last Birthday (YYYY) 5a <b>77</b>	UNDER 1 YEAR 5b MOS	UNDER 1 DAY 5c HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7b <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION - Name of inst. or other, give street and number. 7c <b>Methodist Hospital Southlake Campus</b>	IF HOSP OR INST. Indicate DOA (Specify) (Specify) 7d <b>inpatient</b>
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Nebraska</b>	CITIZEN OF WHAT COUNTRY 9 <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>married</b>	SURVIVING SPOUSE (If wife, give maiden name) 11 <b>Clarabell Guske</b>
SOCIAL SECURITY NUMBER 13 <b>311-01-9851</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a <b>self employed</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Heating Engineer</b>
RESIDENCE--STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Merrillville</b>	
STREET AND NUMBER 15d <b>2617 W. 82nd.</b>		IS RESIDENCE ON A FARM? 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 16 FIRST MIDDLE LAST <b>Jacob Brunmeier</b>		MOTHER--MAIDEN NAME 17 FIRST MIDDLE LAST <b>Christina Horst</b>	
INFORMANT--NAME (Type or title) 18a <b>Clarabell Brunmeier/wife</b>		RELATIONSHIP 18b <b>wife</b>	MAILING ADDRESS 18c <b>2617 W. 82nd. Merrillville, IN 46410</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY--FUNERAL HOME 19b <b>Maplewood Cemetery</b>	LOCATION 19c <b>Crown Point, IN</b>
DATE (MONTH DAY YEAR) 20a <b>October 18, 1986</b>		FUNERAL HOME--NAME AND ADDRESS (Street, city, county or town) 20b <b>Little Funeral Home 811 E. Franciscan Dr. Crown Point, IN 46307</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>John T. Scully</i>		DATE SIGNED (Mo. Day Yr.) 21b <b>24 0 86</b>	HOUR OF DEATH 21c <b>4:25 p.m.</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>John T. Scully, M.D.</b>		M.D. OR D.O.	
MAILING ADDRESS--PHYSICIAN 21e <b>889.5 Broadway, Merrillville, In 46410</b>		HEALTH OFFICER--SIGNATURE 22a <i>Paul Johnson</i>	
DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>10-22-86</b>		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 PART I (a) <b>Massive Anterior Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Acute Coronary Occlusion</b> DUE TO OR AS A CONSEQUENCE OF (c) _____	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I(a) 24 <b>No</b>		AUTOPSY (Specify Yes or No) 24 <b>No</b>	

**FILED**

OCT 21 1986

RECORDED  
INDEXED  
OCT 21 1986  
CLAY

*cfco*