

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

Key #36-14-6 Station #173 (P) or #18 (M) or #19 (F) Subdiv. All info 9:10 P.M.

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

Below for State Office Use

HAMMOND HEALTH COMMISSIONER
 George E. Dzyacky

LICENSE No. 156

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME No. 286
 FUNERAL DIRECTOR'S LICENSE No. 2497

EMBALMER'S NAME

FILED
 NOV 25 1987

#138052
 INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH
 TIGON TITLE INSURANCE
 State Crown Point, Indiana
 No.

Local No. 954

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Walter			Scharfenberg		2. M	3. October 13, 1972	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. W	5a. 71	5b.	5c.	Jan 27 1901		7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hammond			7c. Yes	7d. 6605 Alexander St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		10.	
8. Germany		9. U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Pearl Ceczi	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 306-03-3779		13a. Plant Protection		13b. Inland Steel			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Hammond		14d. Yes	14e. North	
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15 RESIDENCE ON A FARM?		
14f. 6605 Alexander St.			NO		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Adolf			Scharfenberg		16. Alvina			Tamm	
INFORMANT—NAME				RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Pearl Scharfenberg				17b. Wife		17c. 6605 Alexander St. Hammond, Indiana			

PART I. DEATH WAS CAUSED BY, (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST	(a)	Coronary occlusion	4-8 Hours
	(b)	Basilar thrombosis	1-2 years
	(c)	Atherosclerotic cardiovascular disease	Several years
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	
		19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	

DATE & TIME OF DEATH	MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20.	10	13	72	8 P.M.	21a.	10	16	77
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE					SIGNATURE OF PHYSICIAN			
22a. Dr. Gilbert H. White					22b. [Signature]			
MAILING ADDRESS—PHYSICIAN			STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23. 6429 Kennedy Ave.			Hammond		Indiana			

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Elmwood Cemetery		24c. Hammond, Indiana		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Oct. 17, 1972	25a. Virgil Huber Funeral Home 705t Kennedy Ave. Hammond, Indiana 46323				
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER	
25b. [Signature]				26b. TIGON TITLE INSURANCE 60972 Crown Point, Indiana	

Disposition Permit Issued / /

Provisional Certificate

Yes No

1757