

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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

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11
12

OCT 0 5 1987
Franklin D. Remond, M.D.
Robert J. Dellenbach
49-482-45

FILED
DEC 7 1987
NOTION-WISE COUNTY

GENERAL HOME
LICENSE No. 00379

FUNERAL DIRECTOR'S
LICENSE No. 00379

EMBALMER'S NAME
Robert J. Dellenbach

FUNERAL DIRECTOR'S
SIGNATURE
Robert J. Dellenbach

Local No. **736**

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

DECEASED

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

PARENTS

DISPOSITION

M. D.
OR
D. O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH MONTH DAY YEAR	
1		Edward	J.	Reiser	Male	9-30-87	
RACE - (See White, Black, American Indian, etc. in Section 1)	AGE - (See Births in Section 1)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH MONTH DAY YEAR		COUNTY OF DEATH	
4 white	5a 68	5b	5c	6 5-17-19		7a Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION			IF HOSP OR INST. indicate DCA OR Local Am. treatment. Specify	
7b Hammond			7c St. Margaret Hospital			7d yes	
STATE OF BIRTH (See Section 1)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, AND DIVORCED	SURVIVING SPOUSE (Name, address, and relationship)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
8 Illinois	9 U.S.	10 married	11 Zelma Hall		12 yes		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
13 358-10-6802			14a		15a L & N Railroad		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?			
15a Indiana	15b Lake	15c Gary 46406		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STREET AND NUMBER			IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS? (Specify Yes or No)		
16a 2362 Sherman Street			15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f yes		
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	MOTHER - MAIDEN NAME		FIRST
16		John E. Reiser			17 Adele Kuby		
INFORMANT - NAME (See Section 1)		RELATIONSHIP	MAILING ADDRESS		STATE OR FOREIGN	CITY OR TOWN	STATE
18a Zelma Reiser		(wife)	18b 2362 Sherman Street, Hammond, Indiana		46406	18c Gary	
DISPOSITION - (See Section 1)		RETURN TO PLACE OF BIRTH		LOCATION		CITY OR TOWN	STATE
19a Cremation		19b Calumet Park		19c		19d	
DATE MONTH DAY YEAR		FUNERAL HOME - NAME AND ADDRESS		STREET, CITY AND NO. CITY OR TOWN STATE ZIP		46406	
20a 10/5/87		20b Dellenbach Memorial Chapel		2600 Colfax, Gary, In.		46406	
SIGNATURE OF ATTENDING PHYSICIAN (Type or Print)			DATE SIGNED (M. D. Y.)		HOUR OF DEATH		
21a <i>Stuart Klein MD</i>			21b 10/1/87		21c 6:05 p.m.		
MAILING ADDRESS - PHYSICIAN							
21d 7905 Calumet							
HEALTH OFFICER'S SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>Franklin D. Remond, M.D.</i>					22b OCT 05 1987		
IMMEDIATE CAUSE (ENTER ONE OR SEVERAL IN PARTS I, II, AND III)							
PART I							
(a) Respiratory Failure							
(b) Acute Bronchitis							
(c) Emphysema							
PART II (OTHER SIGNIFICANT UNDERLYING CAUSES OR CONTRIBUTING FACTORS TO BE LISTED IN PART I)							
24							

300

RECORDED
INDEXED
OCT 11 1987

Handwritten initials