91024742

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 329

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

May 2, 1991 — Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First, Middle, Last): GERTRUDE KNOP
- 2 SEX: FEMALE
- 3a TIME OF DEATH: 9:27AM M
- 3b DATE OF DEATH (Month, Day, Yr): MAY 1, 1991
- 4 SOCIAL SECURITY NUMBER: 714-01-1491
- 5a AGE—Last Birthday (Years): 88
- 5b UNDER 1 YEAR (Months, Days):
- 5c UNDER 1 DAY (Hours, Minutes):
- 6 DATE OF BIRTH (Mo, Day, Yr): Jan. 3, 1903
- 7 BIRTHPLACE (City and State or Foreign Country): Germany
- 8a WAS DECEDENT A US VETERAN? no
- 8b YEAR LAST SERVED IN US ARMED FORCES? none
- 9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
- 9b FACILITY NAME (If not institution, give street and number): 6930 Alabama
- 9c CITY, TOWN, OR LOCATION OF DEATH: Hammond
- 9d COUNTY OF DEATH: Lake
- 10 MARITAL STATUS (Specify): widowed
- 11 SURVIVING SPOUSE (If wife, give maiden name): none
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
- 12b KIND OF BUSINESS/INDUSTRY:
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Hammond
- 13d STREET AND NUMBER: 6930 Alabama
- 13e ZIP CODE: 46323
- 13f INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g ON A FARM? ☒ No ☐ Yes
- 14 CITIZEN OF WHAT COUNTRY? U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
- 16 RACE—American Indian, Black, White, etc. (Specify): White
- 17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

- 18 FATHER'S NAME (First, Middle, Last): Karl Borree
- 19 MOTHER'S NAME (First, Middle, Maiden Surname): Bertha Kruger

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Mr. Ernest Knop
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): R.R.2 Box 3290 Oakland, Maine 04963
- 20c Relationship: Son

DISPOSITION

- 21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 4, 1991 Concordia Cemetery
- 21c LOCATION—City or Town, State: Hammond, Indiana
- 22a EMBALMER'S NAME: David McCoy
- 22b EMBALMER'S LICENSE NO.: FD08700581
- 23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
- 24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 24b LICENSE NUMBER (of Licensee): FD01013507
- 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

- IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ventricular Arrythmia / CHF
- DUE TO (OR AS A CONSEQUENCE OF) b.
- Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF) c.
- DUE TO (OR AS A CONSEQUENCE OF) d.

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.

- 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
- 28a WAS AN AUTOPSY PERFORMED? (Yes or no): no
- 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

FILED MAY 21 1991 — Anna N. Antonas, AUDITOR LAKE COUNTY

CERTIFIER

- 29a CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ HEALTH OFFICER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ CORONER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
- 29b SIGNATURE AND TITLE OF CERTIFIER: D B Jankins MD
- 29c MEDICAL LICENSE NO: 01036616
- 29d DATE SIGNED (Month, Day, Year): May 2, 1991
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Daniel B. Jankins, M.D. 2450-169th Street Hammond, IN 46323

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Franklin D. Bremuda M.D.
- 32 DATE FILED (Month, Day, Year): MAY 02 1991

CORONER USE ONLY

- 33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
- 34a DATE OF INJURY (Month, Day, Year):
- 34b TIME OF INJURY:
- 34c INJURY AT WORK? (Yes or no):
- 34d DESCRIBE HOW INJURY OCCURRED:
- 34e PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify):
- 34f LOCATION (Street and Number or Rural Route Number, City or Town, State):
- 34g DATE PRONOUNCED DEAD (Month, Day, Year):
- 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

00800

600

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MAY 23 9 01 AM '91 ROBERT "BOB" ... RECORDER

#34-70-14 L 2 Hess Pt E. Rediv. Re C to 11 John L Hess