

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 151-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Bruno R. Siegel		2 SEX Male	3a TIME OF DEATH 4:20 AM	3b DATE OF DEATH (Month Day Yr) May 30, 1991
4 SOCIAL SECURITY NUMBER 306-01-8695		5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr) August 4, 1909		7 BIRTHPLACE (City and State or Foreign Country) Ionia, Michigan		
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) 8918 Branton Ave.,		9b CITY, TOWN OR LOCATION OF DEATH Highland	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Evelyn C. Schroeder	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Research Technologist	12b KIND OF BUSINESS/INDUSTRY Sinclair Research Center	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 8918 Branton Ave.,	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 1 College (1-4 or 5+)		
18 FATHER'S NAME (First Middle Last) Richard Siegel		19 MOTHER'S NAME (First Middle Maiden Surname) Anna Walkenhauer		
20a INFORMANT'S NAME (Type/Print) Evelyn C. Siegel		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8918 Branton Ave., Highland, Indiana 46322	20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 3, 1991 Concordia Cemetery		21c LOCATION—City or Town, State Hammond, Indiana
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01019406	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward J. Schaefer</i>		24b LICENSE NUMBER (of Licensee) FD01041928	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHAYNE Funeral Home, Inc., FH83002885 5746 Hohman Ave., Hammond, Indiana 46320	
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 metastatic colon cancer		2 years
b _____		DUE TO (OR AS A CONSEQUENCE OF)		_____
c _____		DUE TO (OR AS A CONSEQUENCE OF)		_____
d _____		DUE TO (OR AS A CONSEQUENCE OF)		_____
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)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c MEDICAL LICENSE NO. 02036259	29d DATE SIGNED (Month, Day, Year) May 30, 1991	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. H. Gleaton, M.D., 7905 Calumet Ave, Hammond, Indiana 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>		32 DATE FILED WITH THE LAKE COUNTY HEALTH DEPT. (Month, Day, Year) May 31, 1991		
33 MANNER OF DEATH				
33a MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33b DATE OF INJURY (Month, Day, Year) DEC 19 1989	33c TIME OF INJURY	33d INJURY AT WORK? (Yes or no)
33e DESCRIBE HOW INJURY OCCURRED MAY 31 1991		34a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)
34c SIGNATURE AND TITLE OF AUDITOR LAKE COUNTY <i>[Signature]</i> AUDITOR LAKE COUNTY		34d SIGNATURE AND TITLE OF LAKE COUNTY HEALTH COMMISSIONER <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY