



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

94018407

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Rina Eckert*  
1563 177th Pl  
Ham 46324

Local No. **788**

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

DATE OF DEATH MONTH DAY YEAR  
**10 -- 11 = 83** *Oct. 11, 1983*

FUNERAL HOME  
No. **280**

FUNERAL DIRECTOR'S  
LICENSE No. **1783**

LICENSE No. **1350**

EMBALMER'S NAME  
*John C. Ault*

FUNERAL DIRECTOR'S  
SIGNATURE  
*George L. Becken*

TYPE OF DEATH  
OR  
PERMANENT  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

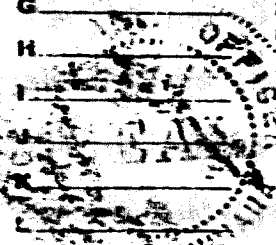
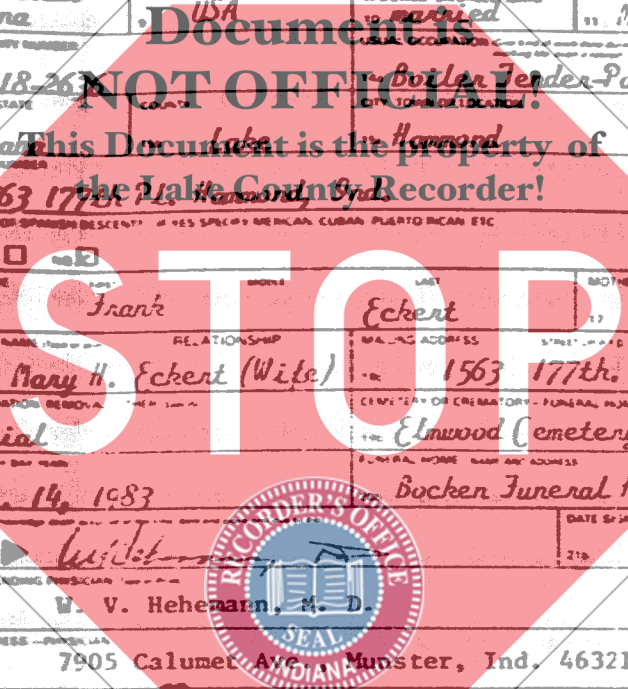
PARENTS

DISPOSITION

M.D.  
D.O.

CAUSE

1 DECEASED - NAME <b>Karl Eckert</b>		SEX <b>Male</b>		DATE OF DEATH MONTH DAY YEAR <b>10 -- 11 = 83</b> <i>Oct. 11, 1983</i>	
2 RACE <b>White</b>	3 AGE <b>63</b>	4 UNDER 1 YEAR a) b) c) d) e)	5 UNDER 1 DAY a) b) c) d) e)	6 DATE OF BIRTH MONTH DAY YEAR <b>8/11/1920</b>	7 COUNTY OF DEATH <b>Lake</b>
8 CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		9 HOSPITAL OR OTHER INSTITUTION <b>St. Margaret Hospital</b>		10 IF HOSP OR INST OF DEATH <b>Emer. Rm.</b>	
11 STATE OF BIRTH <b>Indiana</b>	12 COUNTRY OF BIRTH <b>USA</b>	13 MARRIED NEVER MARRIED WIDOWED DIVORCED <b>married</b>	14 SURVIVING SPOUSE <b>Mary H. Philips</b>		15 WAS DECEASED EVER IN U.S. AROUND FIDELITY? <b>yes</b> <i>W/II</i>
16 SOCIAL SECURITY NUMBER <b>312-18-2618</b>		17 USUAL OCCUPATION <b>Boiler Tender - Power Plant</b>		18 KIND OF BUSINESS OR INDUSTRY <b>Inland Steel Co.</b>	
19 USUAL RESIDENCE WHERE DECEASED LIVED IF BIRTH OR INSTITUTION GAVE RESIDENCE BEFORE ADMISSION <b>Indian Lake Hammond</b>		20 RESIDENCE ON A FARM? <b>NO</b>		21 RESIDENCE ON A FARM? <b>NO</b>	
22 DECEASED OF SPANISH DESCENT? <b>NO</b>		23 YES SPEC. OF MEXICAN, CUBAN, PUERTO RICAN ETC. <b>NO</b>		24 STATE OF DEATH <b>INDIANA</b>	
25 FATHER - NAME <b>Frank Eckert</b>		26 MOTHER - MAIDEN NAME <b>Margaret</b>		27	
28 DECEASED'S RELATIONSHIP <b>Mrs. Mary H. Eckert (Wife)</b>		29 USUAL ADDRESS <b>1563 177th Pl. Hammond, Ind. 46324</b>		30	
31 SOCIAL CREMATION RESIDUAL <b>Burial</b>		32 CEMETERY OF CREMATORIAL - FUNERAL HOME <b>Elnwood Cemetery</b>		33 LOCATION <b>Hammond, Ind.</b>	
34 DATE OF DEATH <b>Oct. 14, 1983</b>		35 FUNERAL HOME <b>Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.</b>		36 STREET OR ROAD IN CITY OR TOWN <b>46324</b>	
37 NAME OF ATTENDING PHYSICIAN <b>W. V. Hehemann, M.D.</b>		38 DATE SIGNED <b>10/2/83</b>		39 HOUR OF DEATH <b>2:30 PM</b>	
40 MAILING ADDRESS - PHYSICIAN <b>7905 Calumet Ave., Munster, Ind. 46321</b>		41		42 DATE RECEIVED BY HEALTH OFFICER <b>OCT 12 1983</b>	
43 SIGNATURE OF PHYSICIAN <i>Frank Hehemann, M.D.</i>		44		45	
46 CAUSE <b>Cardiac Arrest</b>		47		48	
49 <b>Acute Myocardial Infarction</b>		50		51	
52 <b>Hypertensive Cardiovascular Disease</b>		53		54	



*Key # 32-197-28*  
*Bearing 6th Ave. 1:28 P.M.*

**FILED**

**MAY 10 1984**

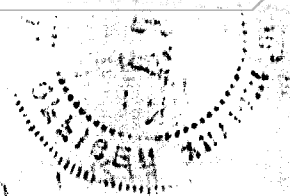
*Ann M. Anton*  
AUDITOR LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
MAR 08 1994

*Franklin D. Spruella M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER



*Rec-12-29-94*