

219 1/2 E. Jackson St.
C.P. 46307

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 1525-83

DECEASED—NAME: Norbert H. Russel
 SEX: Male
 DATE OF DEATH: September 17, 1983
 RACE: White
 AGE: 63
 DATE OF BIRTH: April 2, 1920
 COUNTY OF DEATH: Lake
 CITY, TOWN OR LOCATION OF DEATH: Crown Point

7c St. Anthony Medical Center
 7d Inpatient
 8 Indiana
 9 USA
 10 Married
 11 Hildegarde Mionske
 12 No
 13 307-30-3302
 14a Carpenter
 14b Construction

15a Indiana
 15b Lake
 15c Crown Point
 15d 15029 Grant Street
 15e YES NO

16 Father: Russel
 17 Mother: Mary
 18 Hildegarde C. Russel
 19a 15029 Grant St., Crown Point, IN 46307
 19b Maplewood Memorial Park, Crown Point, IN
 20a September 20, 1983
 20b Little E. Francis

21a NAME OF ATTENDING PHYSICIAN: Peter E. Gubens
 21b ADDRESS: 19-83
 21c 11:05 AM
 21d DATE RECEIVED BY LOCAL HEALTH OFFICER: 9-19-83
 21e RECORDER: [Signature]

22a NAME OF CAUSE: Negative
 22b CAUSE: [Signature]
 22c DATE TO OR AS A CONFERENCE OF: JUN 1 1995
 22d DATE TO OR AS A CONFERENCE OF: [Signature]

23 PART I: [Signature]
 23 PART II: [Signature]
 23 PART III: [Signature]

24 SIGNATURE: [Signature]
 24 FURNERAL DIRECTOR'S: [Signature]
 24 EMBALMERS NAME: Bernard E. Little
 24 LICENSE NO.: 4419
 24 FURNERAL HOME: 126
 24 LICENSE NO.: 312



TYPE OR PRINT
 PLAINLY WITH
 UNFADING INK
 THIS IS A
 PERMANENT
 RECORD
 Below for State Office Use

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