RETURN TO: — 14744 WABASH AVE DOLTON, IL 60419-1619 ← Alfred Alexander 49-468-1718

"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1318-94 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. Deceased—Name (First, Middle, Last): OTTO F. ALEXANDER
2. Sex: MALE
3a. Time of Death: 7:00 AM
3b. Date of Death (Month, Day, Yr): JUNE 10, 1994
4. Social Security Number: 311-03-6905
5a. Age—Last Birthday (Years): 84
5b. Under 1 Year (Months, Days):
5c. Under 1 Day (Hours, Minutes):
6. Date of Birth (Mo. Day, Yr): January 25, 1910
7. Birthplace (City and State or Foreign Country): Landes, Illinois
8a. Was Decedent a U.S. Veteran?: No
8b. Year Last Served in U.S. Armed Forces?: N/A
9a. Place of Death (Check only one. See instructions): Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. Facility Name (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c. City, Town or Location of Death: MUNSTER
9d. County of Death: LAKE
10. Marital Status (Specify): Married
11. Surviving Spouse (If wife, give maiden name): Wavel Thompson
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): Asphault Worker
12b. Kind of Business/Industry: Oil Refinery (Amoco)
13a. Residence—State: Indiana
13b. County: Lake
13c. City, Town or Location: Gary
13d. Street and Number: 2433 Calhoun
13e. Zip Code: 46406
13f. Inside City Limits: [ ] No [X] Yes
13g. On a Farm?: [X] No [ ] Yes
14. Citizen of What Country?: U.S.A.
15. Was Decedent of Hispanic Origin?: [X] 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): Eli Alexander
19. Mother's Name (First, Middle, Maiden Surname): Not Available

INFORMANT

20a. Informant's Name (Type/Print): Mrs. Wavel Alexander
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2433 Calhoun, Gary, Indiana 46406
20c. Relationship: Wife

DISPOSITION

21a. Method of Disposition: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place): June 13, 1994 Elmwood Cemetery
21c. Location—City or Town, State: Hammond, Indiana
22a. Embalmer's Name: George J. Johnson
22b. Embalmer's License No.: 890006
23. Was Death Reported to Coroner?: [XX] No [ ] Yes
24a. Signature of Funeral Director: Charles D. Scheuer, Jr. (signature)
24b. License Number (of Licensee): 1006049
25. Name, Address, and License Number of Funeral Home: VIRGIL HUBER Funeral Home - 3002869 7051 Kennedy, 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.

Immediate Cause (Final disease or condition resulting in death):
a. Sudden death
DUE TO (OR AS A CONSEQUENCE OF):
b. Severe Chronic Obstructive Pulmonary D.
DUE TO (OR AS A CONSEQUENCE OF):
c. Chronic [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
d. Atherosclerotic Heart Disease

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

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

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): N/A

CERTIFIER

29a. Certifier (Check only one):
[X] 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: (signature)
29c. Medical License No: 01336
29d. Date Signed (Month, Day, Year): JUNE 11, 1994
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print): DR. DONALD STORK, D. O. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31. Health Officer's Signature: Alexander D. Williams, M.D.
32. Date Filed (Month, Day, Year): June 15, 1994

33. Manner of Death: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 JUL -6 PM 2:
MARGARET E. CLEVELAND RECORDER

95039898

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STOP

RECORDER'S OFFICE SEAL LAKE COUNTY INDIANA

SDH06-004 State Form 10110 (R4/3-93) Deathcer/RD 1