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UNFADING INK.  
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LICENSE No. 520

FUNERAL DIRECTOR'S LICENSE No. 365

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

THIS CERTIFIES THE ABOVE IS A PROPER  
COMPLETE COPY OF THE CERTIFICATE OF  
DEATH ON FILE WITH THE LAKE COUNTY  
HEALTH DEPT.

APERSEN 1990 MD OR DO  
*Alfred J. A. Perse, MD*  
LAKE COUNTY HEALTH COMMISSIONER

Local No. 2068-85  
FURNER HOME No. 125  
DECEASED

LEGAL RESIDENCE OF DECEASED AT TIME OF DEATH  
INDIANA  
STREET AND NUMBER  
3804 W. 122nd PLACE

PARENTS  
FATHER - NAME JOSEPH JAEGER  
MOTHER - NAME JOSEPHINE KUCLA

CAUSE  
Multiple Myeloma

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

|   |           |   |                                   |
|---|-----------|---|-----------------------------------|
| DECEASED - NAME<br>JOSEPH R. JAEGER                                 |           | SEX<br>MALE   | DATE OF BIRTH<br>OCTOBER 30, 1935 |
| DATE OF DEATH<br>OCTOBER 11, 1998                                   | AGE<br>50 | UNUSUAL FINDINGS<br>NO  | COUNTY OF DEATH<br>LAKE           |
| RACE<br>WHITE   |           | CITY, TOWN OR LOCATION OF DEATH<br>CROWN POINT                                |                                   |
| RESIDENCE - STATE<br>INDIANA  |           | RESIDENCE - COUNTY<br>LAKE  |                                   |
| CITY, TOWN OR LOCATION OF DEATH<br>CROWN POINT                      |           | STREET AND NUMBER<br>3804 W. 122nd PLACE                                      |                                   |
| CITY, TOWN OR LOCATION OF DEATH<br>INDIANA                          |           | CITY, TOWN OR LOCATION OF DEATH<br>CROWN POINT                                |                                   |
| MARRIED (CHECK ONE)<br>MARRIED                                      |           | NAME OF SPOUSE<br>JUDITH SOUTHWORTH   |                                   |
| OCCUPATION<br>PRESIDENT   |           | NAME OF EMPLOYER<br>AUTO ROBO, INC.   |                                   |
| FATHER - NAME<br>JOSEPH JAEGER                                      |           | MOTHER - NAME<br>JOSEPHINE KUCLA  |                                   |
| RELATIONSHIP<br>WIFE  |           | MARRIAGE ADDRESS<br>3804 W. 122nd PLACE, CROWN POINT, INDIANA 46307           |                                   |
| BIRTH DATE<br>NOVEMBER 2, 1985                                      |           | BIRTH PLACE<br>CROWN POINT, INDIANA   |                                   |
| DATE OF DEATH<br>OCTOBER 11, 1998                                   |           | PLACE OF DEATH<br>GEISEN FUNERAL HOME, 109 N. EAST ST., CROWN POINT, IN 46307 |                                   |
| NAME OF ATTENDING PHYSICIAN<br>JOHN L. SHOWEL, M.D.                 |           | DATE SIGNED<br>11/1/85  |                                   |
| ADDRESS<br>1725 W. Harrison St., Suite 830, Chicago, Illinois 60612 |           | DATE RECEIVED BY HEALTH DEPT.<br>11-4-85                                      |                                   |
| CAUSE<br>Multiple Myeloma   |           | DURATION OF ILLNESS<br>30 mos   |                                   |
| OCT 11 1998   |           | SAM ORLICH  |                                   |
| AUDITOR LAKE COUNTY   |           | NO  |                                   |

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D. Eric Neff 209 S. main Crown Point 46307