

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH RECORD FILED WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 701

CERTIFICATE OF DEATH

5 Jul 8 1999 Date Issued Hammond, Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Irma Andree Ludwig), SEX (Female), TIME OF DEATH (09:10 AM), DATE OF DEATH (September 4, 1997), SOCIAL SECURITY NUMBER (313-20-8109), AGE (70), PLACE OF BIRTH (Bonn, Germany), DECEASED'S US VETERAN STATUS (No), FACILITY NAME (St. Margaret Mercy Hospital), CITY/TOWN/LOCATION OF DEATH (Hammond), COUNTY OF DEATH (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Herbert Anthony Ludwig), DECEASED'S USUAL OCCUPATION (Secretary), KIND OF BUSINESS/INDUSTRY (Administration clerk), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Hammond), STREET AND NUMBER (7144 Olcott Avenue), ZIP CODE (46323), CITIZEN OF WHAT COUNTRY (USA), DECEASED'S EDUCATION (Elementary/Secondary), FATHER'S NAME (Ernest Andree), MOTHER'S NAME (Erna Ilopp), INFORMANT'S NAME (Herbert Anthony Ludwig), MAILING ADDRESS (7144 Olcott Avenue, Hammond, IN 46324), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (September 9, 1997, Oakland Memory Lanes), LOCATION (Dolton, Illinois), EMBALMER'S NAME (Not performed), EMBALMER'S LICENSE NO (N/A), SIGNATURE OF FUNERAL DIRECTOR (John A. ...), LICENSE NUMBER (1045362), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Virgil Huber Funeral Home, 7051 Kennedy Ave., Hammond, IN 46323), IMMEDIATE CAUSE (Vascular collapse due to Atherosclerotic Heart Disease), PART II (Other significant conditions), CERTIFIER (Deputy Coroner Paul R. Castro), SIGNATURE AND TITLE OF CERTIFIER, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Paul R. Castro, Deputy Coroner, 2293 N. Main St. Crown Point, IN. 46307), HEALTH OFFICER'S SIGNATURE (Franklin J. Bremuda M.D.), DATE SIGNED (September 9, 1999), MANNER OF DEATH (Natural), DATE OF INJURY (N/A), TIME OF INJURY (N/A), INJURY AT WORK? (No), DESCRIBE HOW INJURY OCCURRED (N/A), PLACE OF INJURY (N/A), LOCATION (N/A), DATE PRONOUNCED DEAD (September 4, 1997), MOTOR VEHICLE ACCIDENT? (No), and a large number 001546.

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

COMMUNITY TITLE COMPANY FILE NO L18438

