

2002 007264

THE FACE OF MISSOURI AND BACKGROUND INFORMATION

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **99.0** DECEASED-AGE **Barbae** LAST **Oberloh** DATE OF DEATH MONTH DAY YEAR **October 8, 2001**

REGISTERED NUMBER **1111** COUNTY OF **Will** DATE OF BIRTH MONTH DAY YEAR **11 NOVEMBER 1 1951**

CITY/TOWNSHIP/RD/DISTRICT NO. **State Line Rd** HOSPITAL/CLINIC/INSTITUTION/NAME OF HEALTH CARE ESTABLISHMENT/NUMBER **66 Hospice**

BIRTHPLACE (STATE/COUNTRY) **Illinois** MARRIAGE (MARRIED, DIVORCED, SEPARATED, SINGLE) **Married** NAME OF SURVIVING SPOUSE (NAME & AGE) **Walter Oberloh**

SOCIAL SECURITY NUMBER **103-57-1163-79** USL POSITION **110 Greenhoice** KIND OF BUSINESS OF INDUSTRY **12** EDUCATION (HIGHEST COMPLETED) **No**

RESIDENCE (NUMBER) **1200** CITY/TOWNSHIP OR ROAD DISTRICT **Grant Park** COUNTY **Isd Kankasee**

STATE **Ill** ZIP CODE **62004** RACE **W** SEX **F** ETHNICITY **White**

FATHER-AGE FIRST MARRIAGE **18** MOTHER-AGE FIRST MARRIAGE **18** MAIDEN LAST **Kabak**

RELATIONSHIP **Husband** IMPAIRMENT (STRENGTH OF GRAF) (STATE) **60940**

CAUSE OF DEATH **Heart Disease**

CONDITION (IF ANY) WHICH CAUSED DEATH (IMMEDIATE CAUSE) **Heart Disease**

IMMEDIATE CAUSE (STAGING) **Heart Disease**

CAUSE LAST **Heart Disease**

DATE OF BIRTH **11/1/51** DATE OF DEATH **10/8/01** HOUR OF DEATH **3:00 PM**

TO THE BEST OF YOUR KNOWLEDGE DEATH OCCURRED AT HOME AND PLACE AND DUE TO THOSE STATED

22a. SIGNATURE **Peter Benjamin** ILLINOIS LICENSE NUMBER **224-03116650**

22b. SIGNATURE **Peter Benjamin** ILLINOIS LICENSE NUMBER **224-03116650**

22c. NAME OF PHYSICIAN (NOT A TIN SIGNIFIER) **Peter Benjamin**

23. BIRTHAL (S) (L) (M) (F) **Illinois** CEMETERY (S) (L) (M) (F) **Creation** LOCATION **Creation** CITY/TOWNSHIP **Illiana** DATE MONTH DAY YEAR **24 Oct 12, 2001**

24a. CREATION **Creation** 24b. REQUIET **Creation** 24c. MUNICIPALITY **Illiana** 24d. COUNTY **Illiana** 24e. STATE **Illiana**

25a. SELLER'S FUNERAL HOME **645 E. 162nd St. South Holland, IL 60473**

25b. FUNERAL DIRECTOR'S SIGNATURE **Dennis Amis** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **001394**

FILED

JAN 22 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

001394

645 E. 162nd St. South Holland, IL 60473

Dennis Amis

001394

POSITION

25c. 034-010-1

25d. 034-010-1

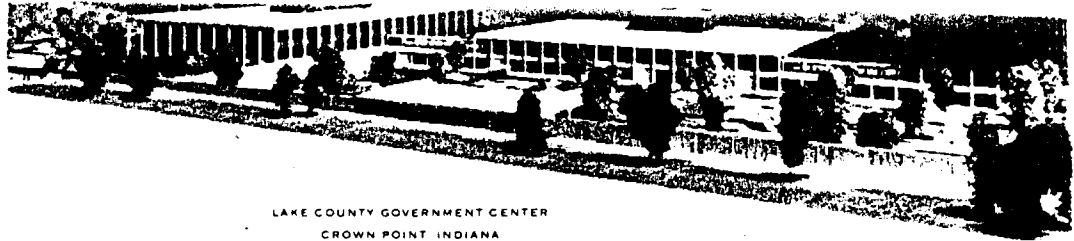
25e. 034-010-1

25f. 034-010-1

25g. 034-010-1

25h. 034-010-1

25i. 034-010-1



LAKE COUNTY GOVERNMENT CENTER
CROWN POINT, INDIANA

2293 N. MAIN STREET
CROWN POINT, INDIANA 46307

439

LAKE COUNTY RECORDER

Morris W. Carter

Phone (219)755-3730
Fax (219) 755-3257

MEMORANDUM

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