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.

Key # 6-326-1

Local No. 1331-03

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ..........

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1 DECEASED—NAME (First, Middle, Last): Teddy Weinmann

2 SEX: Male

3a TIME OF DEATH: 8:40 P M

3b DATE OF DEATH (Month, Day, Yr): May 29, 2003

4 SOCIAL SECURITY NUMBER: 573-64-9624

5a AGE—Last Birthday (Years): 56

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo, Day, Yr): July 30,1946

7 BIRTHPLACE (City and State or Foreign Country): Birmingham, Alabama

8a WAS DECEDENT A U.S. VETERAN?: Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

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): Karen Guerrero

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meat Cutter - Manager

12b KIND OF BUSINESS/INDUSTRY: Jewel Food Store

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN, OR LOCATION: Cedar Lake

13d STREET AND NUMBER: 14015 Magoun Street

13e ZIP CODE: 46303

13f INSIDE CITY LIMITS: ☐ No ☒ Yes

13g ON A FARM?: ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: USA

15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ 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): 12; College (1-4 or 5+):

**PARENTS**

18 FATHER'S NAME (First, Middle, Last): Robert L. Weinmann

19 MOTHER'S NAME (First, Middle, Maiden Surname): Bertie Mae Rork

**INFORMANT**

20a INFORMANT'S NAME (Type/Print): Karen J. Weinmann

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 14015 Magoun St.,Cedar Lake,IN 46303

20c Relationship: Wife

**DISPOSITION**

21a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 3, 2003 Kelly-Carroll Cremation Service

21c LOCATION—City or Town, State: Gary, Indiana

22a EMBALMER'S NAME: N/A

22b EMBALMER'S LICENSE NO: N/A

23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: CA Kuiper

24b LICENSE NUMBER (of Licensee): FD01014511

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home FH19900008 9039 Kleinman Rd.,Highland,IN46322

**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. | Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Esophageal Adenocarcinoma with Metastasis

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

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d. DUE TO (OR AS A CONSEQUENCE OF)

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

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): No

**CERTIFIER**

29a CERTIFIER (Check only one)

☒ 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: 02001071

29d DATE SIGNED (Month, Day, Year): 6-2-03

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): S.J. Chan, D.O. 911 Fran Lin Parkway Munster, Indiana 46321

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE: [signature]

32 DATE FILED (Month, Day, Year): June 2, 2003

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

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.

FILED JUL 2 2 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED ... JUN ... 2003

001531

9.00 XP Cash

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP


SDH06-004 State Form 10110 (R5/1-99)