10CC

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

H 43-74-25
State No.

	THE RECO	RDS IN THIS S	ERIES ARE	CONFIDENTIAL PE	R IC 16-37-1-1	0								
YPE/PRINT	1 DECEASED-NAME (First Middle, Last)							2 SEX		3a TIME OF DEA	- 1	3b DATE OF DEATH (Month, Day, Yr)		
IN	Lut	her L	. Br	idgeman			Male		8:10 A M					
RMANENT	4. *SOCIAL SEC	CURITY NUMBER		AGE—Last Birthdey (Years)	56 UNDER 1		5c UNDER		DATE OF BIR	TH (Mo. Day. Yr)	7 Bil	RTHPLACE (Out) and S	State or Foreign Country)	
BLACK INK	425-54-1092				Months Days Ho		Hours	Minutes	June	une 22, 1932		Canton Mississipp		
	86 WAS DECEDENT A U.S. VETERAN?		86 YEAR LAST SERVED IN						ATH (Check only one See		ee instructions			
	NO		N/A		HOSPITAL Inpatient		OTHER		☐ Nursing Home ☐ (Other (Specify)			
			<u> </u>			ER/Outpat	atient 🗆 E			XIX Residence				
ECEDENT	9b FACILITY NAME (if not institution, give street and number)					9c			C CITY, TOWN, OR LOCATION OF DEATH			9d COUNTY OF DEATH		
20252771	1988 Roosevelt Street							Gary			Lake			
	10 MARITAL STATUS (Specify)		11 SURVI	VING SPOUSE		12a DECEDENT		NT'S USUAL OCCUPATION (Give kind of wind and most of working life. Do not use retired)		N (Give kind of work	12'b KIND OF BUSINESS/INDUSTRY			
	Married		Earnestine Be		1 -		teel roller		or ase remed)	Inland Steel Corp		teel Corn		
	138 RESIDENCE-STATE		136 COUNTY		13c CITY, TOWN, OR LOC					13d STREET AND NUI		MBER DECEL COLD:		
	Indiana		Lake		Gary					1988 Roos		sevelt Street		
	13e ZIP CODE 13f INSIDE CIT				15. WAS DECEDENT OF HI		HISPANIC ORIGIN?		16 RACE-	16 RACE—American Indian.		17. DECEDENT'S EDUCATION		
	46404 13g ON A FAI		WHAT COUNTRY? USA		Y XXNo □ Yes Mexican, Puerto Rican, et				3	White etc		(Specify only highest grade complete		
									(Spec		Eleme	ntary/Secondary (0-12	College (1-4 or 5 +)	
	ļ <u> </u>	<u>. </u>	Yes					Black				5th		
RENTS	18. FATHER'S NAME (First, Middle, Last)					19 1			19 MOTHER'S NAME (First, Middle, Maiden Surna			name)		
	Theodore Bridgeman								Betty Morgan					
FORMANT	20a INFORMANT	• • • •			20b M	AILING ADD	DRESS (Str	et and Num	ber or Rural Ro	ute Number. City or	Town St	tate Zip Code) 20k	Relationship	
Cr.	Earnest	tine Br	idgema	an	1988	Roo:	seve1	t St	reet G	ary,India	ına	46404 V	Vife	
	21a METHOD OF	DISPOSITION	☐ Entomb	ment	216 DATE AND	PLACE OF I	DISPOSITIO	ON (Name o	f cemetery, cre			CATION—City or Tow	m State	
]]	□ XXurusi □ Cremation □ Removal from State other place) February 8, 2003													
·	☐ Donation	Other (Specif	(y)		Doo	Ever	greer	Ceme	tery		loba	rt,India	ia	
SPOSITION	22a EMBALMERS	S NAME			225 EMBAL	MER'S LICE	ENSE NO		23 V	(AS DEATH REPORT		CORQNEB?		
}	Rosenwald D. Allen Jr. #29400047													
Ť	24a SIGNATURE	OF FUNERAL DIF	RECTOR	111			SE NUMBEI		25 NAME A	DORESS AND LICE	NSE NU	IMBER OF EUNERAL	IOME .	
	(of Licensee) Guy & AIT STE PHEN R. STIGE CH, Inc													
1	This Docum#08700298e prop 2959 West AKE COUNTY AUDITOR													
1		2		This Do)cum#	4		pro	p <u>2959</u>	West AKE	hC(LIA YYMUK	DITOR	
į.	26 PARTI	Enter the disease		This Do	lake (08700		eco	2959 Gary	West Akt Indiana		HA ALLER	RITRIA	
	26 PARTI	Enter the disease arrest, shock, or		complications that cause on	sed the death Do	08700		eco	p <u>2959</u>	West Akt Indiana	46	AMA AM	Approximate	
		arrest, shock, or			sed the death Do	08700		eco	2959 Gary	West Akt Indiana	1 9 8	WA PPRES	Approximate Interval Between Onset and Death	
	26 PART I IMMEDIATE CAUS	arrest, shock, or SE (Final		List only one cause on Med	sed the death Doregon line.	08700	298C	eco	2959 Gary	West Akt Indiana	48	L.	Interval Between	
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