

* 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

CERTIFICATE OF DEATH

State No.

Local No.

Key # 16-27-331-13

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (William Weinand), SEX (Male), TIME OF DEATH (8:00P M), DATE OF DEATH (June 7, 2004), SOCIAL SECURITY NUMBER (306-01-5570), AGE (90), DATE OF BIRTH (Aug. 24, 1913), BIRTHPLACE (Hammond, IN), PLACE OF DEATH (Towne Centre Healthcare, Merrillville), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (None), OCCUPATION (Labor), RESIDENCE (9404 Farmer Dr., Highland, IN 46322), FATHER'S NAME (William P. Weinand), MOTHER'S NAME (Sophie Schneider), INFORMANT (Nancy Wilcox), DISPOSITION (Assumption Cemetery, Glenwood, IL), FUNERAL DIRECTOR (Burt Burn), FUNERAL HOME (Burns-Kish Funeral Home), CAUSE OF DEATH (Lung CA), CERTIFIER (R. Shah, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, PLACE OF INJURY, LOCATION (Merrillville, IN 46410), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Bankers Title

#320041929 SRB



FILED

SEP 24 2004

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

002001

Handwritten notes and signatures at bottom right.