

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 2935-07

#902149

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

20-13-0224-0007

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Ralph R. Rewers), 2. SEX (Male), 3a. TIME OF DEATH (8:08 PM), 3b. DATE OF DEATH (December 4, 2007), 4. SOCIAL SECURITY NUMBER (314-26-9533), 5a. AGE (76), 6. DATE OF BIRTH (January 26, 1931), 7. BIRTHPLACE (Chicago, Illinois), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1950), 9a. PLACE OF DEATH (Hospice, Residence), 9b. FACILITY NAME (511 Otis Bowen Drive), 9c. CITY, TOWN, OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Sophie M. Lampa), 12a. DECEASED'S USUAL OCCUPATION (Lab Technician), 12b. KIND OF BUSINESS/INDUSTRY (Steel), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Scherverville), 13d. STREET AND NUMBER (55 Cedar Lane), 13e. ZIP CODE (46375), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (High School), 18. FATHER'S NAME (Zigmund Rewers), 19. MOTHER'S NAME (Helen Jaroszewski), 20a. INFORMANT'S NAME (Sophie M. Rewers), 20b. MAILING ADDRESS (55 Cedar Lane, Scherverville, IN 46375), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (December 7, 2007, Holy Cross Cemetery), 21c. LOCATION (Calumet City, Illinois), 22a. EMBALMER'S NAME (Larry D. Anthony), 22b. EMBALMER'S LICENSE NO. (01001447), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Larry D. Anthony), 24b. LICENSE NUMBER (01001447), 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Anthony & Dziadowicz F.H., #83002916, 9445 Calumet Ave, Munster, IN 46321), 26. PART I. IMMEDIATE CAUSE (Cause of pancreas), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (James B. Walsh, M.D.), 29c. MEDICAL LICENSE NO. (01027487), 29d. DATE SIGNED (December 6, 2007), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (James Walsh, M.D., 9122 Columbia Avenue, Munster, Indiana 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan W. B...), 32. DATE FILED (December 7, 2007), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (25022), 34b. TIME OF INJURY, 34c. PLACE OF INJURY, 34d. DESCRIBE HOW INJURY OCCURRED (THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.), 34e. LOCATION (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE INVOLVED.

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED DEC 10 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR