

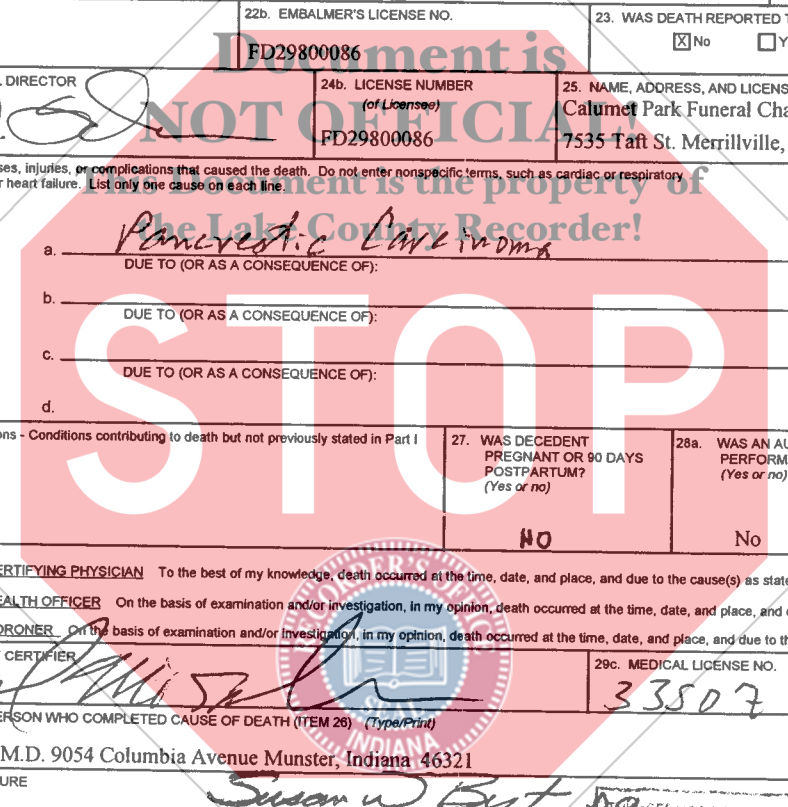
* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*
 Local No. 1433-05

INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED - NAME (First, Middle, Last) ALEXANDER SIGLER				2. SEX Male		3a. TIME OF DEATH 3:40 PM		3b. DATE OF DEATH (Month, Day, Yr.) May 20, 2005							
	4. *SOCIAL SECURITY NUMBER 311-26-0314		5a. AGE - Last Birthday (Years) 72		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo., Day, Yr.) October 20, 1932		7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana					
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -		PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence											
	9b. FACILITY NAME (If not institution, give street and number) 5921 Cleveland				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville				9d. COUNTY OF DEATH Lake							
PARENTS	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Kathy Sigler		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Foreman/Supervisor				12b. KIND OF BUSINESS OR INDUSTRY Steel Industry							
	13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Merrillville				13d. STREET AND NUMBER 5921 Cleveland							
INFORMANT	13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? United States		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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/Second (10-12) College (1-4 or 5+) 12 -					
	18. FATHER'S NAME (First, Middle, Last) Manuel Sigler						19. MOTHER'S NAME (First, Middle, Maiden Surname) Consuelo Canales									
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) Kathy Sigler				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5921 Cleveland Merrillville, Indiana 46410				20c. Relationship Wife							
	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 24, 2005 Calumet Park Cemetery		21c. LOCATION - City or Town, State 2305 W 73rd St Merrillville, Indiana 46410											
CAUSE OF DEATH	22a. EMBALMER'S NAME Sachs, Jeffery N.		22b. EMBALMER'S LICENSE NO. FD29800086		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jeffery N. Sachs</i>		24b. LICENSE NUMBER (of Licensee) FD29800086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Calumet Park Funeral Chapel FH0400032 7535 Taft St. Merrillville, Indiana 46410											
CERTIFIER	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Pancreatic Cancer</i> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last 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	
	29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.															
HEALTH OFFICER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Anthony...</i>				29c. MEDICAL LICENSE NO. 33507				29d. DATE SIGNED (Month, Day, Year) 5-23-05							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Howard M. Mishoulam M.D. 9054 Columbia Avenue Munster, Indiana 46321															
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>																
FILED	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. TIME OF INJURY (Month, Day, Year) MAY 20 2005		34b. MECHANISM OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW DEATH OCCURRED MAY 23 2005		32. DATE FILED (Month, Day, Year) MAY 23 2005					
	34e. PLACE OF INJURY - A home, street, factory, office, building, etc. (Specify) 3000				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 015279											
34g. DATE PRONOUNCED DEAD (Month, Day, Year) May 20, 2005																
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.																



Country Club 2nd Add
 Section A lot 22 Block 3
 45-12-05-476-007.000-030

2005 SEP 0 11 2:46
 LAKE COUNTY RECORDER