•	ATTENTION ESTATE: Disclosure of the
	SS# we need to pursue our responsibilities is voluntary and that e will be no penalty for
	refusal.*
	Local No

INDIANA STATE DEPARTMENT OF HEALTH

·				CERTIFICA	O. B	TAYE	OF INDI	ANA	• NO		
TVDE/D011/T	THE RECORDS IN THIS S			R IC 16-1, 19-3		LANE	COUNT	Υ			
TYPE/PRINT IN		Middle, La	ist)		FI		OR RET	ONE OF DEAT	TH 3b. DATE OF	DEATH(Month, Day, Yr.)	
PERMANENT	Gunter 4. *SOCIAL SECURITY NUM	201	18 0760	Holthau	sen	Male		:10 am		mber 26, 2007	
BLACK INK		WEID (Years)	50. UEER 1 YEAR Months Days	5c. UNDITE	inutes 6.	POE OF APPIN	100 C	7. BIRTHPLACE Duisber	(City and State or Foreign Country)	
	333-28-0191 8a. WAS DECEDENT	lab v	79 EAR LAST SERVED IN		M41		11y02,1		Germany		
	A U.S. VETERAN?		U.S. ARMED FORCES?	HOSPITAL: inpati		UMAE	DEATH (CAN	Mursing Home	Other (Specify)		
	Yes		1955	☐ ER/O	utpatient DO	MEL	JURIJER	Residence			
	9b. FACILITY NAME (If not in	stitution,	give street and number)		9c.	CITY, TOW	N, OR LOCATION	OF DEATH	9d. COUNTY	OF DEATH	
DECEDENT	624 E. 92nd F	venu	ıe		M	Merril	llville		Lake		
	10. MARITAL STATUS (Specify)		RVIVING SPOUSE fe, give maiden name)		12a. DECEDENTS	'S USUAL OC	CUPATION (Give a sing life. Do not us	kind of work	126. KIND OF 8	USINESS/INDUSTRY	
	Married	Ger	da Holl		Foreman		my me. Do not us	e retireo.)	Materi	al Service	
	13a. RESIDENCE - STATE	13b. C	YTAUC	13c. CITY, TOWN OR LOC	CATION		13d. ST	REET AND NUM	BER		
	Indiana 13e. ZIP CODE 13f. INSIDE CI	Lak		Merrillvil					nd Avenu	e	
	I Se. 21P CODE 131. INSIDE CI		14. CITIZEN OF WHAT COUNTRY?	15.WAS DECEDENT OF H	ISPANIC ORIGIN? 'es (If yes, specify		16. RACE— Am Black, White,			CEDENT'S EDUCATION y highest grade completed)	
	13g. ON A FAF		25	Mexican, Puerto I			(Specify)	(Specify)		Elementary/Secondary (0-12) College (1-4 or 5+)	
	46410 ⊠ No	☐ Yes	USA				White			12 N/A	
PARENTS	18. FATHER'S NAME (First, Middle,				19.	. MOTHER'S	NAME (Firs	t, Middle, Maid	en Surname)		
FAREN13	Bernhard Hol		sen		F	Helene	e Rasb	orshek			
INFORMANT	1	•	/	, ,	ADDRESS (Street					20c. Relationship	
	Gerda Holthau 21a. METHOD OF DISPOSITION			624 E.	92nd A	venue	, Merri			Wife	
	l _		ombment	21b. DATE AND PLACE C other place)			etery, crematory, o	′ ²	21c. LOCATION - City	or Town, State	
	Burlal ☑ Cremation ☐ Donation ☐ Other (Speci	_	moval from State	September	•						
	22a. EMBALMER'S NAME	TY)		N.W. Ind.	Cremati	ion Se				int, Indiana	
DISPOSITION			D	22b. EMBALMER'S	LICENSE NO.	2	23. WAS DE	ATH REPORTED			
	n/a 242 SIGNATURE OF FUNERAL D	RECTOR		n/a	THE IN THE						
	1	۱۱۱۵٬۰۰۱۰ ممبود	MOT		ENSE NUMBER of Licensee)	AT	BURNS F	ESS, AND LICEN 'UNERAL	SE NUMBER OF FUI HOME	FH83002445	
	Demes	C:	DUSM	FDO FDO	1009461		10101 B	roadwas	, Crown I	Point, Indiana	
	26 PART I Enter the disease	e injuries						Loudina	CTOWIL I	Offic, flidfalla	
	1 1 /	za, myures,	or complications that caused	the death. Do not enter no	nspecific terms, suc	ch as cardiac	or respiratory			Approximate	
	arrest, shock, or	heart failure	a. List only one cause on each	the death. Do not enter no	rispecific terms, suc	ch as cardiac	or respiratory			Approximate Interval Between	
Q	IMMEDIATE CAUSE (F	heart failure	a. List only one cause on each	the death. Do not enter not in line.	rispecific terms, suc	on as cardiac	or respiratory	PATH		Approximate	
030	arrest, shock, or	heart failure	List only one cause on each	the death. Do not enter no th line. STAGE AS A CONSEQUENCE OF	Can	of as cardiac	or respiratory			Approximate Interval Between Onset and Death	
CAUSE OF	arrest, shock or IMMEDIATE CAUSE (Figure 1) disease or condition resulting in death)	heart failure	E TO (OR	on line.	Can	of as cardiac	or respiratory			Approximate Interval Between	
CAUSE OF	arrest, shock or IMMEDIATE CAUSE (Figure 1) disease or condition resulting in death)	heart failure	E TO (OR	STAGE AS A CONSEQUENCE OF	Can	on as candiac	or respiratory			Approximate Interval Between Onset and Death	
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