

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to resume 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. 134-01

TYPE/PRINT IN PERMANENT BLACK INK

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

Form with fields for: 1. DECEASED—NAME (Herman Radde), 2. SEX (Male), 3a. TIME OF DEATH (3:05P), 3b. DATE OF DEATH (September 3, 2001), 4. SOCIAL SECURITY NUMBER (306-24-8727), 5a. AGE (73), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Oct. 7, 1927), 7. BIRTHPLACE (East Chicago, IN), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N.A.), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (8206 Kooy), 9c. CITY, TOWN, OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Anne Dominik), 12a. DECEDENT'S USUAL OCCUPATION (Court Reporter), 12b. KIND OF BUSINESS/INDUSTRY (Government), 13a. RESIDENCE—STATE (IN), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Munster), 13d. STREET AND NUMBER (8206 Kooy), 13e. ZIP CODE (46321), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12, 2), 18. FATHER'S NAME (John Radziwiecki), 19. MOTHER'S NAME (Mary Szpak), 20a. INFORMANT'S NAME (Anne Radde), 20b. MAILING ADDRESS (8206 kooy Munster, IN 46321), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (September 7, 2001, Holy Cross Cemetery), 21c. LOCATION (Calumet City, IL), 22a. EMBALMER'S NAME (John T. Noble), 22b. EMBALMER'S LICENSE NO (9000031), 23. WAS DEATH REPORTED TO CORONER? (No), 24. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (1021590), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Burns-Rish Funeral Home #3004968, 8415 Calumet Munster, IN 46321), 26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) (GLOBULINEMIA), 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 (Susan W. Best, D.O.), 29c. MEDICAL LICENSE NO (019113), 29d. DATE SIGNED (Sept. 4, 2001), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (R. Feldner, M.D., 110 Ridge Road Munster, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

RECORDER

REGION TITLE

45-07-19-127-033000-027 96766487



FILED

JUL 22 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2009 SEP 15 10:09 AM STATE OF INDIANA ELECTORAL DIVISION

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