TYPE/PRINT IN Edward Hertaus Edward Hertaus Edward Hertaus Edward Hertaus Sa. AGE-Last Birthday (Years) 4. "SOCIAL SECURITY NUMBER 5. AGE-Last Birthday (Years) 470-10-5763 8.9 8.9 8.9 8.9 8.9 8.9 8.9 8.	DECEDENT'S EDUCATION TO DECEDENT'S EDUCATION To highest grade completed) Secondary (0-12) College (1-4 or 5+)
TYPE/PRINT IN PERMANENT BLACK INK 1 DECEASED-NAME (First, Middle, Last) Edward Hertaus 4 "SOCIAL SECURITY NUMBER Sa. AGE-Last Birinday (Years) 4 "SOCIAL SECURITY NUMBER (Years) 4 "SOCIAL SECURITY NUMBER Sa. AGE-Last Birinday (Years) 4 "SOCIAL SECURITY NUMBER (Years) 4 "SOCIAL SECURITY NUMBER Sa. AGE-Last Birinday Sa. AGE-Last Birinday (Years) 4 "SOCIAL SECURITY NUMBER Sa. AGE-Last Birinday (Years) 8 "Decemment (Check only one. See instructions.) 9 a. PLACE OF DEATH (Mo. Oay, Yr) 7 b. BIRTIPLACE October 03, 1914 Fairbault, No. Decemment See Instructions.) 9 a. PLACE OF DEATH (Check only one. See Instructions.) 19 c. CITY, TOWN, OR LOCATION OF DEATH DOA OCTOBER (Inverse) one decemment of the Section of Working Ide. Do not use retired) 10 MARITAL STATUS (If wife, give maiden name) 11 Surviving Spouse (If wife, give maiden name) 12 DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working Ide. Do not use retired) 13 STREET AND NUMBER 13 STREET AND NUMBER 13 STREET AND NUMBER 13 STREET AND NUMBER 14 CALIZANA 15 SECIENTS NAME (First, Middle, Last) 15 MAS DECEDENT OF HISPANIC CRIGIN? 16 RACE-American Indian. 17 BIR FATHER'S NAME (First, Middle, Last) 18 FATHER'S NAME (First, Middle, Last) 19 MOTHER'S NAME (First, Middle, Maiden Sumame) 19 MOTHER'S NAME (First, Middle, Maiden Sumame) 10 MARITAL STATUS 11 SURVIVING SPOUSE (If wife, give and Number or Rural Route Number, City or Town, State, Zip Co. 11 Surviving S	F DEATH (Month, Day, Yr.) ber 22, 2003 (City and State or Foreign Country) Minnesota TOP DEATH BOOMESS/INDUSTRY 7 DECEDENT'S EDUCATION TOP DECEDENT EDUCATION TOP D
Type:/print Deceased-make (First, Middle, Last) Edward Hertaus Edw	December 22, 2003 (City and State or Foreign Country) Minnesota TOP DEATH Boom ESS/INDUSTRY 7 DECEDENT'S EDUCATION TOP DECEDENT EDUCATION TOP DE
Edward Hertaus Fermane Fermane	(City and State or Foreign Country) Minnesota DECEDENT'S EDUCATION Only highest grade completed) Secondary (0-12) College (1-4 or 5+)
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BLACK INK 470-10-5763 89 9a PLACE OF DEATH (Check only one. See Instructions.) 9a PLACE OF DEATH (Check only one. See Instructions.) Yes 1943 9b FACILITY NAME (if not institution, give street and number) Community Hospital 10. Marital Status (if wife, give maiden name) Married 11. SURVIVING SPOUSE (if wife, give maiden name) Married 13a RESIDENCE-STATE 13b. COUNTY Indiana Lake Griffit, Town, OR LOCATION 13a RESIDENCE-STATE 13b. COUNTY Indiana Lake Griffit, Town, OR LOCATION 13a RESIDENCE STATE 13b. COUNTY Indiana Lake Griffit, Town, OR LOCATION 13d. STREET AND NUMBER 1235 N. WOOd Ct. 13e ZIP CODE 13f INSIDE CITY LIMITS 14. CITIZEN OF MAXICON, Puerlo Rican, etc.) 15 WAS DECEDENT OF HISPANIC ORIGIN? Maxican, Puerlo Rican, etc.) 16. RACE-American Indian. 17. Supplementary 18. MATHER'S NAME (First, Middle, Last) Joseph Hertaus 19. MOTHER'S NAME (First, Middle, Last) Joseph Hertaus 20a. INFORMANT SNAME(Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.) 10c. COLING INTERED AND See Instructions. 10c. COLING OTHER Instructions. 11c. COLING OTHER Instructions. 12d. COLING OTHER Instru	DECEDENT'S EDUCATION TO DECEDENT'S EDUCATION To highest grade completed) Secondary (0-12) College (1-4 or 5+)
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PECEDENT Yes 1943	DEATH BOOMESS/INDUSTRY 7 DECEDENT'S EDUCATION 1 And the state of th
DECEDENT 9b. FACILITY NAME (if not institution, give street and number) Community Hospital 10. Marital Status (Specify) Married 11. SURVIVING SPOUSE (If wife, give maiden name) Florance Fruminsky 13a. RESIDENCE-STATE 13b. COUNTY Indiana Lake Griffith 12. DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Laborer 13a. STREET AND NUMBER 13a. STREET AND NUMBER 13a. ZIP CODE 13f. INSIDE CITY LIMITS Indiana Lake Griffith 12. SN Wood Ct. 13a. ZIP CODE 13f. INSIDE CITY LIMITS Indiana 14. CITIZEN OF SIMILARY (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 13a. STREET AND NUMBER 15. WAS DECEDENT OF HISPANIC ORIGIN? Mexican, Puerto Rican, etc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? Indiana 16. CITY. TOWN, OR LOCATION of working life. Do not use retired) Steel 15a. KIND OF Steel 15b. KIND OF Steel 15c. KIND OF Steel 15c. CITY. TOWN, OR LOCATION of working life. Do not use retired) 15d. KIND OF Steel 15d. KIND	7 DECEDENT'S EDUCATION My highest grade completed) Secondary (0-12) College (1-4 or 5+)
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Indiana Lake Griffith 1235 N. Wood Ct. 13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF SUMAS DECEDENT OF HISPANIC ORIGIN? No Ves (if yes, specify Cuban, Mexican, Puerlo Rican, etc.) 13g. ON A FARM? 46319 No Ves U.S.A. PARENTS 18. FATHER'S NAME (First, Middle, Last) Joseph Hertaus INFORMANT 20g. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.) 1235 N. Wood Ct. 15. WAS DECEDENT OF HISPANIC ORIGIN? INFORMANT NAME (First, Middle, etc.) Information of the puerlo Rican, etc.) 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Tupy 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.) 18. FATHER'S NAME (First, Middle, Last)	DECEDENT'S EDUCATION They highest grade completed) Secondary (0-12) College (1-4 or 5+)
The companies of the	Secondary (0-12) College (1-4 or 5+)
PARENTS 136. ZIP COUDE 131. INSIDE CHIMITS WHAT COUNTRY? X No Yes (If yes, specify Cuban, (Specify) Black, White, etc. (Specify)	Secondary (0-12) College (1-4 or 5+)
PARENTS 139, ON A FARM? 46319 X No	
PARENTS 18. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Tupy 10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.	
PARENTS 18. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Tupy 10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. 10. State, Zip Co.	
Joseph Hertaus Anna Tupy INFORMANT 203. INFORMANTS NAME (Type/Print) 204. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.	
INFORMANT 20s. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.	
100 CM C C C C C C C C C C C C C C C C C	
1 topical William AC210	20c. Relationship
David Hertaus 1235 N. Wood Ct. Griffith, Indiana 46319	Soft (1)
21a. METHOD OF DISPOSITION Enlombment 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or 21c. LOCATION-C	Town, State
X Burial	O 051
Donation Other (Specify) Chapel Lawn Memorial Gardens Schererville	(Indiana 117)
DISPOSITION 22a. EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER?	
Ieffery N. Sachs FD29800086 ⊠No Tyes □	型 图色量
Solitory 11. Success and Alexander of the	UNERAL HOME
24a. SIGNATURE OF FUNERAL DIRECTOR 24b. LICENSE NUMBER (of Licensee) 25. NAME, AUDICESS, AND LICENSE NUMBER (of Licensee) Chapel Lawn Funeral Home,	?: 유년
Chapet Lawn Fulleral Hollies	
FD08700086 8178 Cline Avenue, Schererville,	Approximate
28. PART Enter the diseases, interies, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart reluce. List only one cause on each line.	Interval Between Onset and Death
a Vascular Collapse due to	Unknown
IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF):	
CAUSE OF disease or condition resulting in death) b. Atherosclerotic Heart and Vascular Disease	-
DEATH DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave	
rise to the immediate cause, DUE TO (OR AS A CONSEQUENCE OF):	·
stating the underlying cause last d.	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. 27. WAS DECEDENT PREGNANT OR 90 DAYS PERFORMED7	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
POSTPARTUM? (Yes or No) (Yes or No)	COMPLETION OF CAUSE OF DEATH? (Yes or No)
N/A No No	
29a. CERTIFIER IN CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.	
(Check only	:e(s) as stated.
(Check only one) — 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) at Chief Deputy occorning 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) at	nd manner as stated.
(Check only one) 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 Chief Deputy 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) at 296. SIGNATURE AND TITLE OF CERTIFIER 296. MEDICAL LICENSE NO.	nd manner as stated. 29d. DATE SIGNED (Month, Day, Year)
CERTIFIER (Check only one) 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER N/A	nd manner as stated.
CERTIFIER (Check only one) 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	nd manner as stated 29d. DATE SIGNED (Month. Day, Year) December 29, 200
CERTIFIER (Check only one) 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER N/A	nd manner as stated. 29d. DATE SIGNED (Month, Day, Year) December 29, 200 Lnt, IN. 46307
CERTIFIER (Check only one) 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) at 29b, SIGNATURE AND TITLE OF CERTIFIER 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. MEDICAL LICENSE NO.	nd manner as stated 29d. DATE SIGNED (Month. Day, Year) December 29, 200
(Check only one) Chief Deputy 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) at 29b. SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 3d. NAME NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy Coroner, 2900 W. 93rd Avenue, Crown Points.	nd manner as stated. 29d. DATE SIGNED (Month, Day, Year) December 29, 200 Lnt, IN. 46307
CERTIFIER (Check only one) 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) at 29b, SIGNATURE AND TITLE OF CERTIFIER 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. MEDICAL LICENSE NO.	nd manner as stated. 29d. DATE SIGNED (Month, Day, Year) December 29, 200 Lint, IN. 46307 32 DATE FILED (Month, Day, Year) LOCUMBER 29, 200

34n. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

PEGGY MULTHOWN ANTONA
LAKE COUNTY AUDITOUT Rural Roule Number, City or Town, State)

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SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1

349. DATE PRONOUNCED DEAD(Month, Day, Year)
December 22, 2003

34e. PLACE OF INJURY-AI h building etc (Specify)

No.