

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) BERNADETTE RITA GESTRICH					2. Sex FEMALE	3. Date of Death (Month/Day/Year) SEPTEMBER 30, 2024	
	4. Social Security Number 167-26-9798	5a. Age (Years) 90	5b. Under 1 Year Months	5c. Under 1 day Days	6. Date of Birth(Mo/Day/Year) DECEMBER 03, 1933	7. Birthplace(City and State or Foreign Country) PITTSBURGH, PENNSYLVANIA		
	8a. Residence State OHIO		8b. County CUYAHOGA			8c. City or Town BROOK PARK		
	8d. Street Address and Zip Code 5655 GATEWAY LANE 44142						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
	15. Father's Name THEODORE SCHENKEL JR				16. Mother's Name (prior to first marriage) GRACE KRETZLER			
	17a. Informant's Name AMY MEYER			17b. Relationship to Decedent DAUGHTER	17c. Mailing Address (Street and Number, City, State, Zip Code) 5655 GATEWAY LANE BROOK PARK, OHIO 44142			
	18a. Place of Death NONHOSPITAL - HOSPICE FACILITY				18b. Facility Name (If not Institution, give street & number) THOMAS P. PERCIAK FAMILY RESIDENTIAL HOSPICE		18c. City or Town, State and Zip Code STRONGSVILLE, OH 44136	
					18d. County of Death CUYAHOGA			
DISPOSITION	19. Funeral Service Licensee or Other Agent JOSEPH F HUMENIK			20. License Number (of licensee) 008204		21. Name and Complete Address of Funeral Facility HUMENIK FUNERAL CHAPEL 14200 SNOW RD BROOK PARK, OH 44142		
	22. Method and Place of Disposition CREMATION - GREAT LAKES CREMATORY, CLEVELAND, OH							
	23. Local Registrar			24. Date Filed (Month/Day/Year)				
CERTIFIER	25. 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) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner 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 stated.							
	26a. Time of Death			26c. Date Pronounced Dead (Month/Day/Year)		26d. Was Case Referred to Medical Examiner or Coroner? NO		
	26e. Certifier Name and Title MD			26f. License number 35.072920		26g. Date Signed (Month/Day/Year)		
CAUSE OF DEATH	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death RAFIK MASSOUH, 18659 DRAKE ROAD, STRONGSVILLE, OH 44136							
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a.						
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable		
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year			32. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:					33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:			



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