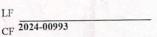
CERTIFICATION OF VITAL RECORD

## **COUNTY OF OAKLAND**

STATE OF MICHIGAN





STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE FILE NUMBER

1. DECEDENT'S NAME (F		st)	. 1	2. DATE OF I	final and the second se	3. SEX Male		TE OF DEATH	January	20, 202
Bruce Alan Bamberg 5. NAME AT BIRTH OR OT	BUSINESS	August 04, 1949 6a. AGE- Last Birthday					ic. UNDER			
J. NAME AT BIRTH OR OF	TIBIC IVALVIE OS	LO TON TENOUNE			(Years) 74	-	ONTHS	DAYS	HOURS	MINUTES
7a. LOCATION OF DEATH 1609 Lombardy Drive 48356				76. CITY, VILLAGE OR TOWNSHIP OF DEATH Highland Twp Oakland					F DEATH	V /
8a. CURRENT RESIDENCE - STATE Michigan Oal						160	8d. STREET AND NUMBER 1609 Lombardy Drive			
8e. ZIP CODE 48356	9. BIRTH	St. Louis, Miss	Missouri 350-42-1611 11. DECEDENT'S EDUCATION 4 years college							
12. RACE White	Ge	13a. ANCESTRY German					13b. HISPANIC ORIGIN ARMED FORCES? No Yes			
15. USUAL OCCUPATION Insurance Administ	Insurance	16. KIND OF BUSINESS OR INDUSTRY 17. MARITAL Insurance Mar			ied	d Valerie Windels				
19. FATHER'S NAME (A	irst, Middle, La. Bamberger	st) Jr.	U	Shirle	y Ruth Glatt		IRST MARK	IED (Fifst, M	naale, Last)	1
21a. INFORMANT'S NAME Valerie Bamberger		Wife 21b. RELATION	ISHIP TO DEC		MAILING ADDE 9 Lombardy		ighland T	wp., Michig	gan 4835	6
22. METHOD OF DISPOSIT	Southern M	23a. PLACE OF DISPOSITION  Southern Michigan Services  CENSEE 25. LICENSE NUMBER 26. NAME AND ADDRESS OF FUNERAL F.					igan	an		
24. SIGNATURE OF MORE Kathleen Desmond		CE LICENSEE	1	1006926	A.J. Desmo	nd & So	ons - Vas	u, Rodgers & /al Oak, Mic	& Conne higan 48	073
(cause)s and manner stated	edge, death occured due to the	00.50 414					28c. TIME PR 08:58	PRONOUNCED DEAD  AM		
Medical Examiner - On: opinion, death occured at the time, da manner stated. Mark J Signature and Title	n, anceor investigation, in my the cause(s) and	contacted Yes			30. PLACE OF DEATH 31, IF HOSPITAL Residence					
27b. DATE SIGNED January 23, 2024  27e. LICENSE NUMBER NUMBER 24-0504						ME OF AT	TENDING F	PHYSICIAN IF O	THER THA	N CERTIFI
34. NAME AND ADDRESS Mark J Kopel, DO,	of CERTIFYII	NG PHYSICIAN Iland Rd., Hartla	nd, Michig	an 48353		4	1			
35a. REGISTRAR'S SIGNA		7 - 1	Sa			1	TE FILED	January 24		
36. PART I. ENTER the chain of events- diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line.  If diabete was an underlying or contributing cause of death be sure to record diabetes in either Part I.							Approximate Interval Between Onset and E Minutes			
record diabetes in either Part I or Part II of the cause of death section, as b. CIMMEDIATE CAUSE (Final disease or condition	oronary Art	DUE TO (OR A	AS A CONSEQUENC	E OF)	1				Years	
resulting in death) Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE			AS A CONSEQUENC							
initiated the events resulting LAST	CANT COND	FIONS contribution	death but not see	culting in the under	lving cauce	12	7 DID TOP	ACCO USE	38. IF FE	MALE
given in Part I	acam out not res	ath but not resulting in the underlying cause			37. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes Probably  No Unknown			regnant within p nant at time of de regnant, but pre		
39. MANNER OF DEATH		40a. WAS A	40a. WAS AN AUTOPSY PP				TOPSY FINDINGS AVAILABLE MPLETION OF CAUSE OF DEATH?		Not pregnant, but pre- within 42 days of deal Unknown if pregnant the past year Not pregnant, but pre-	
Natural 41a. DATE OF INJURY		41b. TIME OF IN	No 41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OC			ot Applicable days to 1 year before		
41d. INJURY AT WORK	41e. PLACE OF	FINJURY 41f.	IF TRANSPOR	RTATION INJURY	41g. LOCAT	TON				



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JAN 2 4 2024

the foregoing is a true and exact copy of the original document on file in my office.

LISA BROWN
County Clerk and Register of Deeds



