

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

LF

CF 2024-00993

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

005237

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Bruce Alan Bamberger		2. DATE OF BIRTH August 04, 1949		3. SEX Male		4. DATE OF DEATH January 20, 2024	
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		6a. AGE- Last Birthday (Years) 74		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
	7a. LOCATION OF DEATH 1609 Lombardy Drive 48356		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Highland Twp		7c. COUNTY OF DEATH Oakland			
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY Highland Twp		8d. STREET AND NUMBER 1609 Lombardy Drive	
INFORMANT	8e. ZIP CODE 48356		9. BIRTH PLACE St. Louis, Missouri		10. SOCIAL SECURITY NUMBER 350-42-1611		11. DECEDENT'S EDUCATION 4 years college	
	12. RACE White		13a. ANCESTRY German		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? Yes	
	15. USUAL OCCUPATION Insurance Administrator		16. KIND OF BUSINESS OR INDUSTRY Insurance		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Valerie Windels	
	19. FATHER'S NAME (First, Middle, Last) George Washington Bamberger Jr.		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Shirley Ruth Glatt					
DISPOSITION	21a. INFORMANT'S NAME Valerie Bamberger		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS 1609 Lombardy Dr., Highland Twp., Michigan 48356			
	22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Southern Michigan Services		23b. LOCATION - City or Village, State Royal Oak, Michigan			
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Kathleen Desmond Barr		25. LICENSE NUMBER 4501006926		26. NAME AND ADDRESS OF FUNERAL FACILITY A.J. Desmond & Sons - Vasu, Rodgers & Connell Chapel, 32515 Woodward Ave., Royal Oak, Michigan 48073			
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> 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. Signature and Title Mark J Kopel, DO		28a. ACTUAL OR PRESUMED TIME OF DEATH 08:58 AM		28b. PRONOUNCED DEAD ON January 20, 2024		28c. TIME PRONOUNCED DEAD 08:58 AM	
CERTIFICATION	29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Residence		31. IF HOSPITAL			
	27b. DATE SIGNED January 23, 2024		27c. LICENSE NUMBER 5101008618		32. MEDICAL EXAMINER'S CASE NUMBER 24-0504		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Mark J Kopel, DO, 11150 Highland Rd., Hartland, Michigan 48353							
	35a. REGISTRAR'S SIGNATURE <i>Lisa Brown</i>				35b. DATE FILED January 24, 2024			
CAUSE OF DEATH	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 diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST						Approximate Interval Between Onset and Death Minutes Years	
	a. Acute Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF)							
	b. Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF)							
	c. DUE TO (OR AS A CONSEQUENCE OF)							
MEDICAL EXAMINER	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I						37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death							
	39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable			
	41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION		

1625524

WARNING:

ANY REPRODUCTION IS PROHIBITED BY LAW.
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH
COLORED BACKGROUND AND TACTILE HOLOGRAPHIC
SEALS IN UPPER CORNERS.
NOT VALID IF PHOTOCOPIED.

JAN 24 2024

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF
SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that
the foregoing is a true and exact copy of the original document on
file in my office.*Lisa Brown*
LISA BROWN

Oakland County Clerk and Register of Deeds

By: *[Signature]*, Deputy Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

