

13327

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RECORD

PHYSICAL BOOK  
NO. 160

Local No. 47 13327  
INDIANA STATE BOARD OF HEALTH 5217 Hohman Ave.  
Hammond, Ind.  
MEDICAL CERTIFICATE OF DEATH

Mr. Peter C. Bomberger, Atty.

1. NAME - LAST, FIRST, MIDDLE: FRANK J. ZIEMNIAK  
2. SEX: Male  
3. DATE OF DEATH (MONTH, DAY, YEAR): 1-13-69

4. RACE: White  
5. AGE - LAST BIRTHDAY (MONTH, DAY, YEAR): 72  
6. UNDER 1 YEAR: NONE  
7. UNDER 1 DAY: NONE  
8. DATE OF BIRTH (MONTH, DAY, YEAR): 3-29-96  
9. COUNTY OF DEATH: Lake

10. CITY, TOWN, OR LOCATION OF DEATH: East Chicago  
11. RESIDE CITY LIMITS (SPECIFY YES OR NO): Yes  
12. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN UPPER, GIVE STREET AND NUMBER): St. Catherine Hospital  
13. STATE OF INSTITUTION: INDIANA

14. PLACE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY): Poland  
15. CITIZEN OF WHAT COUNTRY: U.S.A.  
16. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE SPOUSE NAME): Caroline  
17. WIDOWED  DIVORCED

18. SOCIAL SECURITY NUMBER: 312-10-7134  
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Expeditor  
20. KIND OF BUSINESS OR INDUSTRY: Metal Fabrication

21. CITY, TOWN OR LOCATION: Lake  
22. RESIDE CITY LIMITS (SPECIFY YES OR NO): Yes  
23. TOWNSHIP: North  
24. ADDRESS: 5009 Indpls. Blvd.

25. WAS DECREASED EVER IN U.S. ARMED FORCES (YES OR NO): YES  
26. IS MEMBER ON A VETERAN'S ORGANIZATION (YES OR NO): YES

27. NAME - LAST, FIRST, MIDDLE: Caroline Ziemniak  
28. RELATIONSHIP: Wife  
29. ADDRESS (GIVE STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17509 Indpls Blvd, E. Chicago, IN

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STOP  
151-4644



PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: Complete Cardiac Failure  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9:45 PM

(b) CAUSE TO WHICH DEATH WAS DIRECTLY OR INDIRECTLY DUE: Myocardial Infarction  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo

(c) CAUSE TO WHICH DEATH WAS DIRECTLY OR INDIRECTLY DUE: Coronary Artery Disease - Myocardial Infarction  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo

OTHER SIGNIFICANT CONDITIONS: Chronic Congestive Failure of Heart, plus Kidney's

IF YES WERE PREVIOUS CONSIDERED IN DETERMINING CAUSE OF DEATH: YES  NO

DATE & TIME OF DEATH: MONTH DAY YEAR HOUR: January 13 1969 9:45 AM  
DATE INDEXED: MONTH DAY YEAR: 1-14-1969

PHYSICIAN'S NAME (TYPE OR PRINT): L. E. D. S. ZALLEN  
SIGNATURE OF PHYSICIAN: [Signature]  
ADDRESS - PHYSICIAN: 6933 Kennedy  
CITY OR TOWN: Hammond, Ind.

APR 2 1969

PLACE OF BURIAL: Burial  
CITY, TOWN OR LOCATION: Holy Cross Cemetery, Calumet City, Ill.  
FURNERAL HOME - NAME AND ADDRESS: Leniak Funeral Home, 4918 Magoon Ave, E. Chicago, IN  
DATE INDEXED BY LOCAL HEALTH OFFICE: E.A. Campagna 1-15-69

Preparation Fee  
Filing Fee  
Total

APR 22 12 22 PM '69  
ANDREW J. HIGENKO  
RECORDER