

16735

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Green, Powers, Belshaw & Danko, Attys. 1450 - 119th St. - P.O. Box 588 Whiting, Ind. 46394

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

16735

1. PLACE OF BIRTH: Lake  
2. CITY, TOWN OR LOCATION: Hammond (Whiting P.O.)  
3. NAME OF DISTRICT OR DISTRICTION: 2736 New York Ave.  
4. PLACE OF DEATH (THREE CITY COUNTIES): Hammond (Whiting P.O.)  
5. SEX: Male  
6. COLOR OR RACE: White  
7. DATE OF BIRTH: Nov. 23, 1906  
8. AGE (Years, Months, Days): 77  
9. PLACE OF BIRTH (THREE CITY COUNTIES): Hungary  
10. MOTHER'S MAIDEN NAME: Mary Krutilla  
11. INFORMATION ADDRESS: 2736 New York Ave., Whiting, Ind.  
12. RELATIONSHIP TO DECEASED: wife  
13. CAUSE OF DEATH (Explain fully, one cause per line for (a), (b), and (c)):  
PART I. DEATH WAS CAUSED BY: Myocardial infarction  
DUE TO (a) Chronic Congestive Heart Failure  
DUE TO (b) Arteriosclerotic Ht. & Blood Vessels  
PART II. THE IMMEDIATE PRECEDING CAUSES OF DEATH (DO NOT OMIT ANY OF THESE, EVEN IF THEY ARE UNRELATED TO THE CAUSE OF DEATH)  
14. HEALTH OFFICER: I certify that I attended the deceased from 1964 and that my report above is true to the best of my knowledge and belief.  
15. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that there is no other person or persons who should be reported as having caused or contributed to the death.  
16. SIGNATURE OF DECEASED: Anterior, M.D.  
17. ADDRESS: East Chicago, Ind. 46314  
18. DATE SIGNED: July 8, 1964  
19. NAME OF CEMETERY OR CREMATORIAL: St. John Cemetery  
20. LOCATION: Hammond, Ind.  
21. SIGNATURE OF HEALTH OFFICER: [Signature]  
22. SIGNATURE OF FEDERAL DEPT. OF HEALTH: [Signature]

TYPE OF FERTY PLANNED WITH THIS IS A PERMANENT RECORD

FILED MAY 18 1964

Lets 14-15-16-17, Blank 3, A. B. Wilcox 1st Add. a. Wats. City of Hammond, Lake Co., In. 36-347-16 to 19

(over)

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**STOP**

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUL 8 1984

Date issued



HAMMOND HEALTH COMMISSICKNER

*Joe*

