

40959

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

FUNERAL HOME
496
FUNERAL DIRECTOR'S
LICENSE N 2889
EMBALMER'S NAME
George
FUNERAL DIRECTOR'S
SIGNATURE

40959

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 419

PERMANENT FORM SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. HELEN EINSELE Female 2. 6/27/69

RACE AGE—LAST BIRTHDAY (YEARS) MO. DAY UNDER 1 YEAR HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

3. White 4. 01 5a. 5b. 5c. 6. Feb 16 1908 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. East Chicago, Ind. 7c. yes 7d. St. Catherine Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY 10. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE HUSBAND NAME)

8. Mass. 9. U.S.A. 10. 11. Michael

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE DEATH SOCIAL SECURITY NUMBER 12. HOUSEWIFE 13. Home

12. 13. 14a. Ind. 14b. Lake 14c. Munster, Ind 14d. yes 14e. North

STREET AND NUMBER 15. Grand Parkway 16. Catherine Musial

PARENTS 15. Frank Kieltyka 16. Catherine Musial

INFORMANT—NAME 17a. Michael Einsele 17b. Husband 17c. 9048 W. Daleware Parkway

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

(a) ARTERIOSCLEROTIC HEART DISEASE 4 years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) SEVERE RHEUMATOID ARTHRITIS

(c) DIABETES MELLITUS SEVERE

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

SEVERE RHEUMATOID ARTHRITIS

DIABETES MELLITUS SEVERE

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

6. 27. 69 4:50 a.m. 6. 27 69 M. 21a. 6. 27 69

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. 22b. J.R. Fallette M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

22. 2450-169th St. Hammond Ind 46323

BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Burial 24a. St. Joseph 24b. Hammond Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24c. June 30, 1969 25a. Burns Funeral Home 8415 Calumet ave Munster, Indiana

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

26a. E.A. Campagna M.D. 26b. 6-30-1969

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No



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Independence Park Lot 38 B11 of 28-121-38

JUN 28 1969