

41046

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

Refer to State Office Use

Local No. 286 11046

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 266

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STOP  
RECORDER'S OFFICE  
LAKE COUNTY, INDIANA

Sub L. 1 to 5 & N. 10 ft. Medbury Grove Add. E. 1 2/3 ft. LOT 5  
Sub L. 1 to 5 & N. 10 ft. LOT 4  
Sub L. 1 to 5 & N. 12 5/8 ft. LOT 4  
Sub L. 1 to 5 & N. 10 ft. LOT 5  
KEY # 35-67-5

FUNERAL HOME LICENSE NO. 285  
FUNERAL DIRECTOR'S LICENSE NO. 106  
FUNERAL HOME LICENSE NO. 280  
EMBALMER'S NAME  
FUNERAL DIRECTOR'S SIGNATURE

PERMANENT USE OR INSTRUCTIONS

DECEASED NAME: Anna C. Park SEX: Female DATE OF DEATH (MONTH, DAY, YEAR): 4-25-69

RACE: White AGE - LAST BIRTHDAY (YEARS, MOS., DAYS): 71 UNDER 1 YEAR: 0 UNDER 1 DAY: 0 DATE OF BIRTH (MONTH, DAY, YEAR): 3-5-1898 COUNTY OF DEATH: Lake

CITY, TOWN, OR LOCATION OF DEATH: East Chicago INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Catharines

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ill CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF TYPE, GIVE MAIDEN NAME): Marie Park

SOCIAL SECURITY NUMBER: 118-93-4173 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife KIND OF BUSINESS OR INDUSTRY: None

RESIDENCE STATE: Indiana COUNTY: Lake CITY, TOWN OR LOCATION: Hammond INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes TOWNSHIP: North

STREET AND NUMBER: 259 Vine St. 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service): No 15. RESIDENCE ON A FARM? No

FATHER - NAME: John MIDDLE: Thilman Sr. LAST: Catherine MOTHER - MAIDEN NAME: Schmal

16. INFORMANT NAME: Marie Park RELATIONSHIP: Wife MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 259 Vine St. Hammond, Indiana

17a. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

17b. IMMEDIATE CAUSE: Acute left heart failure APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

17c. DUE TO, OR AS A CONSEQUENCE OF: Generalized arteriosclerosis 15 yo.

17d. DUE TO, OR AS A CONSEQUENCE OF: Rheumatoid arthritis 20 yo.

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

19a. AUTOPSY YES  NO  19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES  NO

DATE & TIME OF DEATH: MONTH 4 DAY 25 YEAR 69 HOUR 10:15A 20. DATE SIGNED: MONTH 4 DAY 25 YEAR 69 21. TIME SIGNED: 2:01 PM

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: Paul Allen M.D. SIGNATURE OF PHYSICIAN: [Signature] (DEGREE OR TITLE): M.D.

23. MAILING ADDRESS - PHYSICIAN: 509 Ridge Road Hammer Indiana 46321

24. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial 25. CEMETERY, CREMATORIUM, FUNERAL HOME: Elwood LOCATION: Hammond, Indiana CITY OR TOWN: Hammond, Indiana STATE: Indiana

26. DATE (MONTH, DAY, YEAR): 4-28-69 27. FUNERAL HOME - NAME AND ADDRESS: C. J. Huber 722-165th St. Hammond, Indiana 46324 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

28. HEALTH OFFICER - SIGNATURE: C. A. Conzagna M.D. DATE RECEIVED BY LOCAL HEALTH OFFICER: April 28 1969

29. 6-34-2

Disposition Permit Issued   
Provisional Certificate  Yes  No