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PIONEER NAT'L TITLE INS. CO.

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

Local No. 897 State No. \_\_\_\_\_

DECEASED NAME: HELEN SANDERS FEMALE DATE OF DEATH: OCTOBER 14, 1969

RACE: White AGE: 65 UNDER 1 YEAR: 0 MONTHS 0 DAYS UNDER 1 DAY: 0 HOURS 0 MIN DATE OF BIRTH: 10-15-04 COUNTY OF DEATH: Lake

CITY, TOWN, OR LOCATION OF DEATH: Hammond INSIDE CITY LIMITS: Yes HOSPITAL OR OTHER INSTITUTION: St. Vincent's

STATE OF BIRTH: Illinois CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married SPOUSE: Alex Sanders

USUAL RESIDENCE WHERE DECEASED LIVED: Illinois SOCIAL SECURITY NUMBER: 708-40-5889 USUAL OCCUPATION: Housewife

STATE OF DEATH: Illinois INSIDE CITY LIMITS: Yes HOSPITAL OR OTHER INSTITUTION: St. Vincent's

DEATH CERTIFICATE NO. 146

PARENTS: MOTHER: MAIDEN NAME: ANDREW J. HIGENKO

CAUSE OF DEATH: METASTATIC CARCINOMA OF OVARY 1 YEAR

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: None

DATE SIGNED: FEB 24 1970

CERTIFIER: W. J. FITZPATRICK

BURIAL: 10-16-69 Holy Cross Catholic City, Illinois



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Woodlawn Add. S2, L. 11 Bl. 10 & All L. 12 Bl. 10-26-165-11

EMBALMER'S NAME: W. J. FITZPATRICK LICENSE NO. 146

Permit No. 846

DEATH CERTIFIED: 3:02 AM THE DECEASED WAS PROCLAIMED DEAD: OCT 14 1969

DATE SIGNED: OCT 14 1969

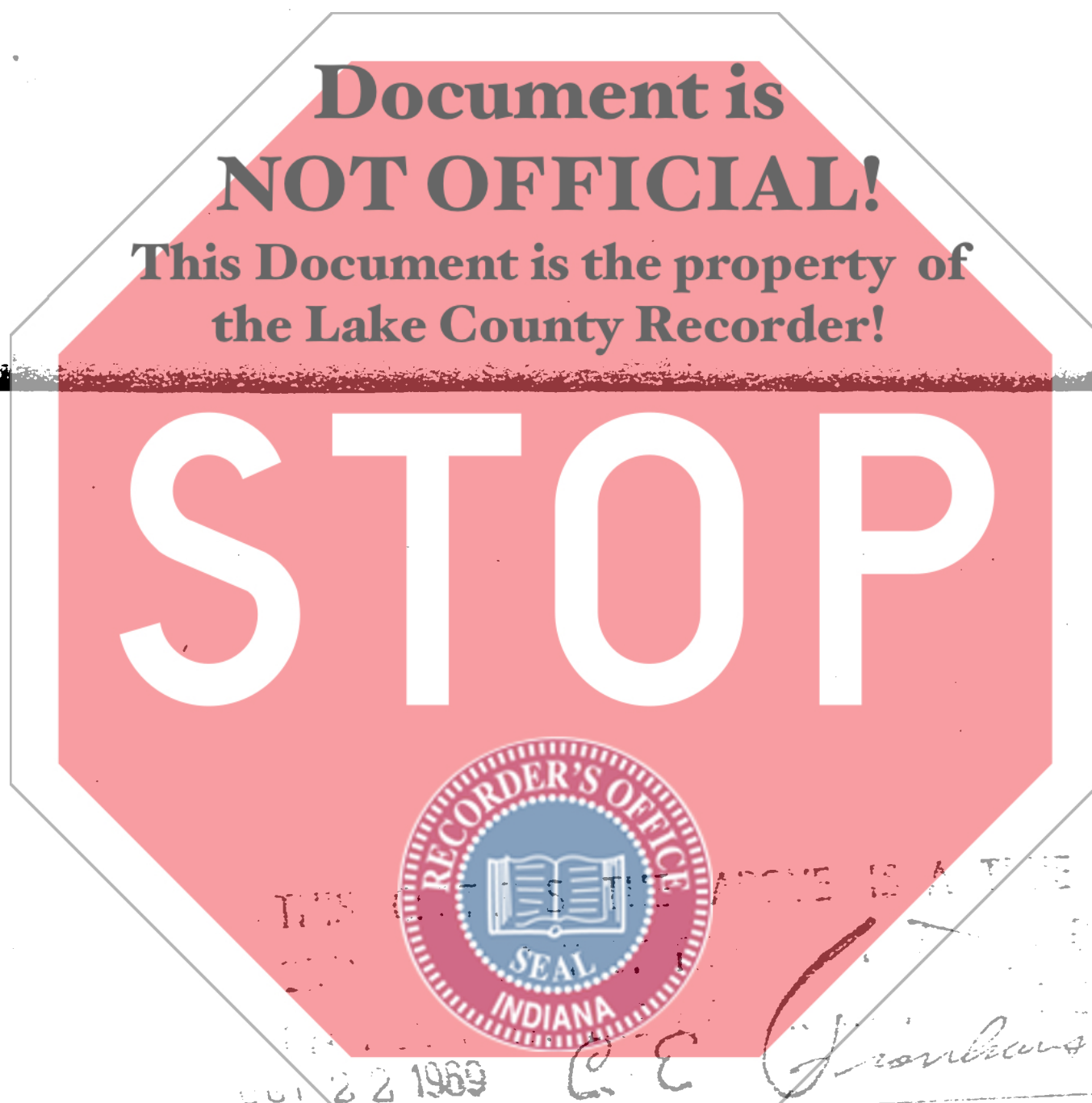
CERTIFIER: W. J. FITZPATRICK

BURIAL: 10-16-69 Holy Cross Catholic City, Illinois

DATE RECEIVED BY LOCAL HEALTH OFFICER: OCT 15 1969

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