

79043

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

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

OCT 26 1970
Date issued
HAMMOND HEALTH COMMISSIONER
C. E. [Signature]

Lot 43, Block 16, subdivision of the East part of the North Side
Addition to Hammond, as shown in Plat Book Embalmers Name Bernard A. Dziadowicz
page 97, in Lake County, Indiana.
FURNERAL DIRECTOR'S LICENSE No. [blank]

Policy 281886

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LAKE COUNTY TITLE COMPANY
INDIANA STATE BOARD OF HEALTH ASSOCIATION OF EAST CHICAGO
DIVISION OF VITAL RECORDS 2115 BROADWAY SBH 113-3
MEDICAL CERTIFICATE OF DEATH EAST CHICAGO, INDIANA 46312

Local No. 916 / 7043

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. CATHERINE (Katarzyna) KACZMAREK Female 3. October 9, 1970 303

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MO. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. White 5a. 74 5b. 5c. 6. 11-25-1895 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. Hammond 7c. yes 7d. St. Margaret Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Illinois 9. U.S.A. 10. Widowed 11. None

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE; EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
13a. Housewife 13b. Own Home

CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. Hammond 14b. yes 14c. North

IS RESIDENCE ON A FARM?
14d. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN-NAME FIRST MIDDLE LAST
15. Stephan Staszak 16. Mary Grzeozka

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17. Walter Kaczmarek 17b. Son 4420 Towle Ave, Hammond, Indiana

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE
(a) Cerebro-vascular accident
(b) Arterio-sclerotic & hypertensive heart disease 1 year
(c) Diabetes mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE
19a. No. 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

DEATH OCCURRED (MONTH DAY YEAR) THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) DATE SIGNED (MONTH DAY YEAR)
20a. 7:17 P.M. 20b. 10 9 70 7:27 P.M. 21a. 10/10/70

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)
22a. Dr. J.F. Serrano M.D. 22b. [Signature]

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. 5434 Hohman Avenue Hammond, Indiana 46320

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. Burial 24b. Holy Cross Cemetery 24c. Calumet City, Ill. 283

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. Oct. 13, 1970 Bernard A. Dziadowicz 4404 Cameron Ave, Hammond, Indiana 46327

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25a. Bernard A. Dziadowicz 25b. [Signature] 25c. OCT 13 1970

