

84190

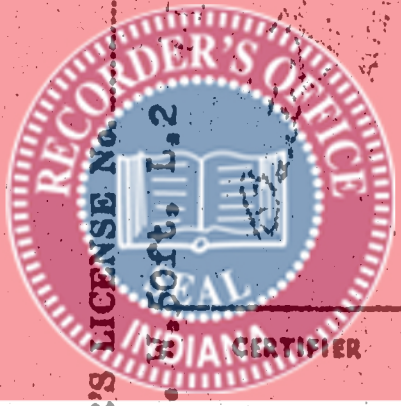
TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
DEC 3 1970
Date issued

EMBALER'S NAME, Anthony Solan
LICENSE NO. 518
FUNERAL DIRECTOR'S LICENSE NO. 2111
Ridge Rd., Add
Hammond Health Commissioner

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No



Local No. 84190
1069

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

1115 - 167th St
Hammond, Ind 46324
SBH 113-3

State No. 1113

PERMANENT INK - SEE HANDBOOK FOR INSTRUCTIONS		DECEASED - NAME		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Mr. Louis Bodi		2. Male		3. December 01, 1970	
RACE (SPECIFY)		AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. WHITE		5a. 77	5b. 9	5c. 22	6. 2-9-1893
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. HUNGARY		9. U.S.A.	10. MARRIED		11. ANNA NAGY
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 335-10-3297A		13a. Forger	13b. American Steel Foundries		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP
14a. IND.		14b. LAKE	14c. HAMMOND	14d. YES	14e. NORTH
STREET AND NUMBER		15. RESIDENCE ON A FARM?			
14f. 1115 - 167th STREET		14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER'S NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME
15. JOHN		BODI			16. FRANCES SUES
INFORMANT - NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. ANNA BODI		17b. WIFE	17c. 1115 - 167th Street, Hammond, Ind. 46324		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) Cerebral Hemorrhage					1 day
(b) Cerebral Arteriosclerosis					unknown
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY (YES OR NO)
					19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
DEATH OCCURRED (HOUR)		THE DECEASED WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
20a. 9: P.M.		20b. December 1, 1970		21a. December 3, 1970	
CERTIFIER - NAME (TYPE OR PRINT)		SIGNATURE		OFFICE OR TITLE	
22a. Dr. E.W. Stevens		22b. Edwin W. Stevens		M.D.	
MAILING ADDRESS - CERTIFIER		CITY OR TOWN		STATE	ZIP
23. 7905 Calumet Avenue		Munster		Indiana	46321
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. Burial		24b. Elmwood Cemetery		24c. Hammond, Indiana 289	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Dec. 4, 1970		24e. Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. (46324)			
FUNERAL DIRECTOR - SIGNATURE		HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
25a. Anthony Solan		25b. J. J. Jankowski		DEC 3 1970	