

583565

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TYPE OR PRINT PLAINLY WITH UNFADING INK

INDIANA STATE BOARD OF HEALTH HEALTH OFFICER'S CERTIFICATE OF DEATH

State No. 277

Serial No. 270

PERMANENT INK DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Walter Kowaleski 2. Male 3. 3-26-76

4. White 5a. 80 5b. 80 5c. 80 6. 3-30-1895 7a. Lake

7b. Hammond 7c. Yes 7d. 1017-150th St.

8. Poland 9. U.S.A. 10. Never Married 11. None

12. 312-09-2437 13a. Machine Helper 13b. Steel Mill

14a. Indiana 14b. Lake 14c. Hammond 14d. Yes 14e. North

15. Unknown 16. Unknown

17a. Eleanor Taylor 17b. Friend 17c. 1017-150th St., Hammond, Indiana

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM 17. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ART. 15 OF 1949 SECTION 1229. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE (See Item 18) 46327.

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:

19. PART II. OTHER SIGNIFICANT CONDITIONS

20. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT) HEALTH OFFICER

21a. NAME AND SIGNATURE C. E. Frankowski, M/D.

21b. MAPPING ADDRESS 5925 Calumet Ave City Hall Hammond, Ind 46320

22a. Burial 22b. Local 22c. McKeesport, Pennsylvania 22d. 7-30-76 22e. C. J. Huber 22f. 722-165th St., Hammond, Indiana

23a. C. J. Huber 23b. [Signature]

24a. [Signature]

24b. [Signature]

24c. [Signature]

24d. [Signature]

24e. [Signature]

24f. [Signature]

24g. [Signature]

Vertical text on the left side of the form, including 'Document is NOT OFFICIAL' and 'This Document is the property of the Lake County Recorder'.

Disposition Permit Issued Provisional Certificate [ ] Yes [ ] No



RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS, LAKE COUNTY, INDIANA