615468

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT

FILED

Below for State Office Use

JAN 22 1981

Lake County

D

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

C. C. Granlund Jr. Ind.

HAMMOND HEALTH COMMISSIONER

DEC 3 1972

Date Issued

Yes ☐ No ☐

615468

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Local No. 1126

State No.

DECEASED—NAME: Mrs. Caroline — Skalba

Sex: Female

Date of Death: November 28, 1972

Color or Race: White

Age—Last Birthday: 77

Under 1 Year: Months — Days —

Under 1 Day: Hours — Min. —

Date of Birth: Apr. 30, 1895

City, Town, or Location of Death: Hammond

Inside City Limits: Yes

County of Death: Lake

Hospital or Other Institution: St. Margarets Hosp.

State or Foreign Country of Birth: Poland

Citizen of What Country: USA

Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

Usual Residence: John Skalba

Social Security Number: 312-09-6227A

Usual Occupation: Housewife

Kind of Business or Industry: Own Home

Residence: State: Indiana — County: Lake — City, Town, or Location: Hammond — Inside City Limits: Yes — Street and Number: 615 Hoffman St. — Length of Residence: No — Is Residence on a Farm: No

Father—Name: Peter — Betlej

Mother—Maiden Name: Mary — Hap

Informant—Name: John Skalba — Relationship: Husband — Mailing Address: 615 Hoffman St. Hammond Ind.

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for Ia, Ib, and Ic.)

Immediate Cause: Ia. Arteriosclerotic Cavanary Heart Disease — 10 yrs

Conditions, if any, which gave rise to immediate cause (Ia), stating the underlying cause last: Due to, or as a consequence of: Ib. Diabetes Mellitus — 10 yrs

Due to, or as a consequence of: Ic.

PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in Part I (a): Uremia

Autopsy: Yes ☐ No ☐ — Were Findings Considered in Determining Cause of Death: Yes ☐ No ☐

Date & Time of Death: Month 11 — Day 28 — Year 72 — Hour 1:30 P.M.

Date Signed: Month 11 — Day 29 — Year 72

Signature of Physician: Leon A. Kolanko MD

Physician's Name (Type or Print): Leon A. Kolanko MD

Physician's Address: 130 Douglas St Hammond Indiana 46320

Phy. Code No.

Burial, Cremation, Removal: Burial

Cemetery, Crematory, Funeral Home: Holy Cross

Location: Calumet City, Ill.

Funeral Home—Name and Address: Florian H. Dziadowiec 7020 Cl. 150th St.

Date Received: Dec 2, 72

Registrar's Signature: C. C. Granlund Jr.

Date Accepted: DEC 4 1972

Funeral Director's License No. 1578

Funeral Director's Signature: Florian H. Dziadowiec

Funeral Home No. 1158

34-108-7 Hoffmans 2nd add. L.1 W. 15½ ft. L.D B.F.

332A

1193