618792

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

618792

FILED

FEB 24 1981

AUDITOR LAKE COUNTY

Local No. 1997-80

State No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

DECEDENT — NAME: 1. Fred H. Smith | 2. Male | 3. 12-28-80

4. White | 5. 81 | UNDER 1 YEAR | UNDER 1 DAY | 6. 3-13-1899 | 7. Lake

CITY, TOWN OR LOCATION OF DEATH: 8. Munster | HOSPITAL OR OTHER INSTITUTION: 9. Munster Med-Inn | 9a. Inpatient

STATE OF BIRTH: 10. Indiana | CITIZEN OF WHAT COUNTRY: 11. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: 12. Married | SURVIVING SPOUSE: 13. Irene | WAS DECEDENT EVER IN U.S. ARMED FORCES? 13a. No

SOCIAL SECURITY NUMBER: 14. 314-14-4094 | USUAL OCCUPATION: 14a. Carpenter | KIND OF BUSINESS OR INDUSTRY: 14b. Construction

USUAL RESIDENCE (WHERE DECEDENT LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) — STATE: 15. Indiana | COUNTY: 15a. Lake | CITY, TOWN OR LOCATION: 15b. Hammond | INSIDE CITY LIMITS? 15c. Yes

STREET AND NUMBER: 15d. 6432 Jefferson | IS RESIDENCE ON A FARM? 15e. YES ☐ NO ☒

IS DECEDENT OF SPANISH DESCENT? (IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.) 16. YES ☐ NO ☒

PARENTS — FATHER: 17. John W. Schmidt | MOTHER: 18. Amelia Schultz

INFORMANT: 19. Irene Smith | RELATIONSHIP | MAILING ADDRESS: 19a. 6432 Jefferson Hammond, Indiana 46324

DISPOSITION — BURIAL, CREMATION, REMOVAL, OTHER: 20. Burial | CEMETERY OR CREMATORY: 20a. Chapel Lawn Mem. Gardens, Schererville, Indiana 46374 | DATE: 20b. December 31, 1980 | FUNERAL HOME: 20c. C.J.Huber Funeral Home, 722-165thSt., Hammond, Ind.

M.D. OR D.O. — 21. Richard Good M.D. | 21a. 12-30-80 | 21b. 5:30 A.M.

NAME OF ATTENDING PHYSICIAN: 21c. R.Good, M.D.

MAILING ADDRESS (PHYSICIAN): 21d. 7905 Calumet Av., Munster, Ind. 46321

HEALTH OFFICER: 22. Peter Tracy M.D | DATE RECEIVED BY LOCAL HEALTH OFFICER: 22a. 12-31-80

CAUSE — PART I: 23. (a) Carcinoma of Bladder | due to or as a consequence of: (b) hemicystectomy of Bladder with anemia | due to or as a consequence of: (c) | PART II: (d)

24. Autopsy? No

25. Was Coroner Contacted? Yes

26. Was Case Referred to Coroner? No

EMBALMER'S NAME: Michael Gorski | FUNERAL DIRECTOR'S NAME: Joseph Gorski | FUNERAL HOME: 280 | FUNERAL DIRECTOR'S SIGNATURE: [signature]

SBH 08-003 State Form 36430
REV.10/77