

624090

Local No. 256-64 624090 MEDICAL CERTIFICATE OF DEATH State No. 256-64 224

1. PLACE OF BIRTH LAKE COUNTY INDIANA		2. PLACE OF BIRTH (When born in U.S.) LAKE COUNTY INDIANA	
3. CITY, TOWN, OR LOCATION GARY		4. CITY, TOWN, OR LOCATION GARY	
5. NAME OF DECEASED MICHAEL ANDREW PILOIRIM		6. DATE OF BIRTH Aug. 11, 1906	
7. SEX male		8. AGE (In years last birthday) 57	
9. COLOR OR RACE White		10. BIRTHPLACE (State or foreign country) Avila, Ind.	
11. MARRIAGE STATUS MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		12. MOTHER'S MAIDEN NAME SUSAN STAHL	
13. NAME OF DECEASED (Type or print) MICHAEL ANDREW PILOIRIM		14. DATE OF DEATH JUNE 16, 1964	
15. FATHER'S NAME EDWARD PILOIRIM		16. MOTHER'S MAIDEN NAME SUSAN STAHL	
17. INFORMANT'S ADDRESS 3645 Florida St. Gary, Indiana		18. RELATIONSHIP TO DECEASED Wife	
19. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA GENERALIZED DUE TO (b) PRIMARY, CARCINOMA OF THE BRONCHO AND Mediastinum DUE TO (c) _____			
20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
21. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II if from (b).)			
22. TRINITY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/> AT PLAY <input type="checkbox"/> AT SCHOOL <input type="checkbox"/>			
23. ATTENDING PHYSICIAN G.M. YOUNG, M.D. June 16, 1964 10:15 PM		24. HEALTH OFFICER I certify that I investigated cause of death of deceased and that death occurred at _____ on the date, stated above; and to the best of my knowledge, from _____ the cause stated and on other date.	
25. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER G.M. YOUNG, M.D.		26. ADDRESS 3656 Grant, Gary, Indiana	
27. SIGNATURE OF HEALTH OFFICER DANIEL G. BERNOSKE, M.D.		28. SIGNATURE OF FUNERAL DIRECTOR GERALD V. FRIES, HOBART, INDIANA	
29. DATE OF DEATH JUNE 16, 1964		30. DATE OF BURIAL JUNE 20, 1964	
31. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY		32. LOCATION ALBION, MICHIGAN	

THE DIRECTOR OF HEALTH AND HUMAN SERVICES
 FEDERAL BUREAU OF INVESTIGATION
 COMPL. 2012

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