

Lead for Virginia

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS
PERMANENT
RECORD

Below State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
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- 6 _____
- 7 _____
- 8 _____

763458

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 122

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. RICHARD MATUSZEWSKI 2. MALE 3. FEBRUARY 25, 1974

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. WHITE 5a. 83 5b. FREE 5c. APRIL 3, 1890 7a. LAKE

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. EAST CHICAGO 7c. YES 7d. 3930 IVY STREET

DECEASED

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. POLAND 9. U.S.A. 10. WIDOWED DIVORCED 11. GABRIELE SZIMKUS

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. A 713-12-1926 13a. 13b. rail road

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. INDIANA 14b. LAKE 14c. EAST CHICAGO 14d. YES 14e. NORTH

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM? (Yes, no, or unknown)

14f. 3930 IVY STREET 14g. NO 14h. NONE

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. JAN MATUSZEWSKI 16. MARCIANA

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. GABRIELE MATUSZEWSKI 17b. WIFE 17c. 3930 Ivy, East Chicago, Indiana 46312

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) CARDIOGENIC Shock 5 min

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) MYOCARDIAL INSUFFICIENCY 10 min

(c) CORONARY ARTERIOSCLEROSIS 3 YRS

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. 19b. YES NO

DIABETES MELLITIS

SENILITY

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. FEBRUARY 25, 1974 1:13 P.M. 21a. FEBRUARY 26 1974

M. D. OR D. O.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. JOHN RAMOS, M.D. 22b. [Signature] MD

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP

23. 3738 MAIN STREET, EAST CHICAGO, INDIANA 46312

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. BURIAL 24b. HOLY CROSS CEMETERY 24c. CALUMET CITY, ILLINOIS

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. FEB. 28, 1974 25a. PRUSIECKI, P.O. BOX J, EAST CHICAGO, INDIANA 46312

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 25a. E.A. Campagna, M.D. 25b. 2-27-74

113-3 PD-10 100M

LICENSE No. 3203

FUNERAL DIRECTOR'S LICENSE No. 1543

EMBALMER'S NAME FRANK DELNIKS

FUNERAL DIRECTOR'S SIGNATURE Raymond Brusa

Disposition Permit Issued / /

Provisional Certificate Yes No

Dep 30-398-2
478
4-17-74

000332

