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

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Disposition Form  
 Issued / /  
 Provisional  
 Certificate  
 Yes  No

FUNERAL DIRECTOR'S LICENSE NO. 1312

800908

INDIANA STATE BOARD OF HEALTH  
 DIVISION OF VITAL RECORDS  
 MEDICINE, COMPLEMENTARY OF DEATH

Wanda Sustak  
 2112 Stanton Whiting

46394

1. PLACE OF BIRTH A. COUNTY <u>Lake</u>		B. STATE <u>Indiana</u>	
2. CITY, TOWN, OR LOCATION <u>East Chicago</u>		3. CITY, TOWN, OR LOCATION <u>Hammond</u>	
4. NAME OF INSTITUTION <u>St. Catherine Hospital</u>		5. STREET ADDRESS <u>2112 Stanton Ave</u>	
6. PLACE OF DEATH DISTRICT CITY COUNTY		7. PLACE OF DEATH DISTRICT CITY COUNTY	
8. SEX <u>Male</u>		9. DATE OF BIRTH <u>Nov 11, 1896</u>	
10. COLOR OR RACE <u>White</u>		11. AGE AT DEATH <u>57</u>	
12. OCCUPATION <u>Self Employed</u>		13. BIRTHPLACE (State or foreign country) <u>Poland, Europe</u>	
14. FATHER'S NAME <u>Joseph Justak</u>		15. MOTHER'S MAIDEN NAME <u>Victoria Masmaloch</u>	
16. DEPARTMENT'S ADDRESS <u>2112 Stanton Ave, P.O. Whiting, Ind</u>		17. TELEPHONE NUMBER TO DEPARTMENT <u>None</u>	
18. ACCIDENT, SUICIDE, HOMICIDE		19. PLACE OF DEATH (Home, farm, factory, street, etc.)	
20. INJURY OCCURRED WHILE AT WORK		21. CITY, TOWN, OR LOCATION <u>Hammond, Ind</u>	
22. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>Dec 3, 1953</u> and last saw him alive on <u>Dec 3, 1953</u> . Death occurred at <u>St. Catherine Hospital</u> (C.E.T.) on the date stated above, and to the best of my knowledge, from the cause stated.		23. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at <u>St. Catherine Hospital</u> (C.E.T.) from cause stated and on above date.	
24. SIGNATURE <u>C. E. ...</u>		25. ADDRESS <u>St. Catherine Hospital</u>	
26. MANNER OF BURIAL <u>Burial</u>		27. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>	
28. DATE BY LOCAL HEALTH OFFICER <u>Dec 7, 1953</u>		29. NAME OF CEMETERY OR CREMATORY <u>Calumet City, Ill</u>	
30. SIGNATURE OF HEALTH OFFICER		31. SIGNATURE OF FUNERAL DIRECTOR <u>Edna L. Kaslar</u>	

RULES FOR FILING

STATE OF INDIANA, S.S. NO. 10

1258  
 H.O.