

C-414010 LD

Chg: Charles &amp; Miriam Young, 3339 Windy Hill Rd, CP

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

810324

4-6000  
INDIANA STATE BOARD OF HEALTH

## HEALTH OFFICER'S CERTIFICATE OF DEATH

State  
No.

Local No. 1037

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

FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.

1. **ANN** **KAMINSKY** 2. **Female** 3. **October 27, 1972**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. **White** AGE—LAST BIRTHDAY (YEARS) 5a. **54** UNDER 1 YEAR MOS. 5b. **19** UNDER 1 DAY HOURS MIN. 5c. **10-8-1918** DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH 6. **Lake**

CITY, TOWN, OR LOCATION OF DEATH 7a. **Hammond** INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. **St. Margaret Hospital**

DECEASED

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. **Hammond, Ind.** CITIZEN OF WHAT COUNTRY 9. **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. **Albert G. Kaminsky**

SOCIAL SECURITY NUMBER 12. **304-14-6129** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. **Housework** KIND OF BUSINESS OR INDUSTRY 13b. **Own Home**

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

14a. **Indiana** 14b. **Lake** 14c. **Hammond** 14d. **yes** 14e. **North**

STREET AND NUMBER 14f. **742 Gostlin Street** IS RESIDENCE ON A FARM? 14g. YES  NO

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

15. **Joseph Szany** 16. **Cecilia Scasny**

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

17a. **Albert G. Kaminsky** 17b. **Husband** 17c. **742 Gostlin St., Hammond, Ind. 46327**

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18).

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

(a) IMMEDIATE CAUSE **Carcinoma of Breast with metastasis** **within**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (A)

18. PART II. OTHER SIGNIFICANT CONDITIONS

ALLOPST (YES OR NO) 19. **NO** IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 20. **NO**

CERTIFICATION—HEALTH OFFICER

**C. E. Frankowski, M.D.**

I (DID, DID NOT) VIEW THE BODY AFTER DEATH. 21a. **see below** DEATH OCCURRED AT MONTH DAY THE DECEDENT WAS PRONOUNCED DEAD ON: **Oct 27, 1972 5:40 P.M.**

CERTIFIER AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT HEALTH OFFICER 21c. NAME AND SIGN) **C. E. Frankowski, M.D.**

MAILING ADDRESS STREET OR R.F.D. NO. CITY TOWN STATE ZIP DATE SIGNED

21d. **5925 Calumet Avenue** **Hammond Ind. 46320** **10/31/72**

BURIAL, CREMATION, REMOVAL (SPECIFY) 22a. **Burial** CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

22b. **St. John Cemetery** **Hammond Indiana 726**

BURIAL—DATE MO. DAY YEAR FUNERAL HOME—NAME FUNERAL HOME—ADDRESS

22d. **Oct. 31, 1972** 22c. **Baran & Son, Inc.,** 22b. **1235 119th St. Whiting, Ind.**

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY HEALTH OFFICER

22c. **Drene Baran** 22d. **C. E. Frankowski, M.D.** 24b. **NOV 8 1972**

6-24-43 **Return to Albert Kaminsky 742 Gostlin St. Hammond, Ind. 46327**

THIS CERTIFIES THE ABOVE IS A TRUE AND

COMPLETE COPY OF THE CERTIFICATE OF DEATH

ON FILE WITH THE HEALTH DEPARTMENT

10/28/72

1091

#10-49-194

702

1074-1985

LAW COUNTY

1074-1985

1074-1985

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Disposition Permit Issued / /

Provisional Certificate

Yes No

CHICAGO TITLE INSURANCE COMPANY

INDIANA DIVISION

FURNERAL DIRECTOR'S LICENSE No. 702

EMBALMER'S NAME, MORTUARY No. 1074-1985

LAW COUNTY

LAW COUNTY