

TYPE OR PRINT
PLAINLY WITH
NON-FADING INK
THIS IS A
PERMANENT
RECORD

Form for State Office Use

THIS CERTIFICATE IS THE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.
 FEB 27 1985
 Anthony J. Roman, M.D.
 HAMMOND HEALTH COMMISSIONER
 LICENSE No. 5184

KEY 37-11-36
 N-157 SS/P/W 156.75
 NEW EXT 421.305
 of 5-114 ft of N-271
 of W 156.75 ft NE NE

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

FUNERAL HOME No. 289
 FUNERAL DIRECTOR'S LICENSE No. 2141
 ANTHONY J. ROMAN
 FUNERAL DIRECTOR'S SIGNATURE

EMBALMER'S NAME
 DATE ISSUED JULY 20 1981

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

HOME TITLE INSURANCE
 Local No. 184
 MARRILLVILLE, INDIANA

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. Joseph Skratsky		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 2-24-85
RACE—(100 White, Black, American Indian, etc.) 4. White	AGE—Last Birthday (7/7) 5a. 67	UNDER 1 YEAR 5b. _____ DATE	UNDER 1 DAY 5c. _____ HOURS
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in other 7 to street and number) 7c. St. Margaret Hospital	IF HOSP OR INMET Includes DDA OR R or Am. treatment (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. Name Country) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If not give maiden name) 11. Mary (Farkas)
SOCIAL SECURITY NUMBER 13. 312-10-5784	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Craneman	KIND OF BUSINESS OR INDUSTRY 14b. Inland Steel CO.	
RESIDENCE—STATE 15. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16. 1802 Michigan Avenue		INSIDE CITY LIMITS (Specify YES OR NO) 16i. yes	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME 16. Victor Skratsky		MOTHER—MAIDEN NAME 17. Ann Stupich	
INFORMANT—NAME (Type or print) 18. Mary Skratsky		MAILING ADDRESS 18b. 1802 Michigan Ave., Hammond, Ind. 46320	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery	LOCATION 19c. Merrillville, Ind.
DATE (MONTH, DAY, YEAR) 20. Feb. 27, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. R. Shah, M. D.		DATE SIGNED (Mo., Day, Yr.) 21b. 2/25/85	HOUR OF DEATH 21c. 8:00 p.m.
MAILING ADDRESS—PHYSICIAN 21e. 110 Ridge Road, Munster, Indiana 46321		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. FEB 26 1985	
IMMEDIATE CAUSE 23. Cerebral Vasculature accident		INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
PART I (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) 24. Acute Myocardial Infarction		AUTOPSY (Specify Yes or No) 25. no	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE—STATING THE UNDERLYING CAUSE LAST
 CAUSE

FILED

DEC 20 1985

AUDITOR LAKE COUNTY

LEGAL DESCRIPTION

The North 173.55 feet of the following described parcel: Part of the Northeast 1/4 of the Northwest 1/4 of Section 5, Township 36 North, Range 9 West of the Second Principal Meridian, in the City of Hammond, Lake County, Indiana, described as follows: Beginning at the Northwest corner of the Northeast 1/4 of the Northwest 1/4 of said Section 5; thence East on the North line of said Section 5 a distance of 156.75 feet; thence South, parallel with the West line of the Northeast 1/4 of the Northwest 1/4 of said Section 5 a distance of 271.55 feet; thence West to the West line of said Northeast 1/4 of the Northwest 1/4; thence North to the place of beginning; except that part described as follows: Beginning at a point on the North line of said Northeast 1/4 of the Northwest 1/4 a distance of 114.75 feet East of the Northwest corner thereof; thence East on said North line 42 feet; thence South, parallel with the West line of said Northeast 1/4 of the Northwest 1/4 a distance of 157.55 feet; thence West 42 feet; thence North 157.55 feet to the place of beginning.

End of Legal Description.