

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

993289

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Remy Construction Co.
3712 Hayes St
State *Lake* No. *46408*

5621

Local No. *1890-85*

FUNERAL HOME
No. 244

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

PARENTS

DATE OF POSITION

M.D. OR D.O.

CONDITIONS IF ANY, WHICH DATE WHEN THEY BECAME KNOWN TO CAUSE LAST STAYING IN INSTITUTION, GIVE CAUSE LAST

CAUSE

LICENSE No. 946
OCT 7 1985
JAMES F. BURNS
EMBALMER 9 1988

FUNERAL DIRECTOR'S LICENSE No. 123
Charles W. Johnson
FUNERAL HOME

DECEASED - NAME 1 REMY LAWRENCE SNEMIS		SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR 3 SEPT. 23, 1985
RACE - 4a WHITE	AGE - 4b 80	DATE OF BIRTH MONTH DAY YEAR 5 JUNE 17, 1905	COUNTY OF DEATH 7 LAKE
CITY, TOWN OR LOCATION OF DEATH 8 GROWN POINT		HOSPITAL OR OTHER INSTITUTION 9 2623 KNOLL WOOD DRIVE	IF HOSP OR INST. Indicate DOA 10 AT HOME
STATE OF BIRTH 11 BRAZIL	CITIZEN OF WHAT COUNTRY 12 U.S.A.	MARRIED - NEVER MARRIED 13 MARRIED	WAS DECEASED EVER IN U.S. ARMED FORCES? 14 NO
SOCIAL SECURITY NUMBER 15 317 18 9970		USUAL OCCUPATION 16 FOUNDER	KIND OF BUSINESS OR INDUSTRY 17 REMY CONSTRUCTION COMPANY
RESIDENCE - STATE 18a FLORIDA	COUNTY 18b HOMPANO BEACH	CITY, TOWN OR LOCATION 19 LIGHHOUSE POINT	IS RESIDENCE ON A FARM? 20 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 21 3930 N.E. 31st AVE.		INSIDE CITY LIMITS 22 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 23 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER - NAME 24 ANTHONY SCACCIANEMICI		MOTHER - MAIDEN NAME 25 MARTINA	
INFORMANT - NAME (Type or print) 26 JOSEPHINE SNEMIS		RELATIONSHIP 27 WIFE	MAILING ADDRESS 28 3930 N. E. 31st AVE. LIGHHOUSE POINT, FLA. 35600
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 29a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 29b CALUMET PARK CEMETERY	LOCATION CITY OR TOWN STATE 29c MERRILLVILLE IND.
DATE (MONTH DAY YEAR) 30a SEPTEMBER 28, 1985		FUNERAL HOME - NAME AND ADDRESS 30b BURNS FUNERAL HOME, 10101 S. Broadway, Crown Point, IN	
NAME OF ATTENDING PHYSICIAN (Type or print) 31a DR. PHILLIP KELLER		DATE SIGNED (Mo. Day Year) 31b Oct 2, 1985	HOUR OF DEATH 31c 11-PM
MAILING ADDRESS - PHYSICIAN 32a 751 E. 81st Place, Merrillville, IN 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 32b 10-7-85	
IMMEDIATE CAUSE 33a Bronchopneumonia		Interval between onset and death 33b Hours	
MIDDLE CAUSE 33b Metastatic Adenocarcinoma		Interval between onset and death 33c 1 year	
FUNDAMENTAL CAUSE 33c Adenocarcinoma of Prostate		Interval between onset and death 33d years	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			

LILLIAN A. BLASTICK
 RECORDER, LAKE COUNTY.
 FILED FOR RECORDER
 AUG 19 5 59 PM '85
 MEDICER

2/10

THIS CERTIFICATE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
 FILED