094583

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 779-90 .... State No. ....

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD APR 10 12 20 PM '90 ROBERT "BOB" ... RECORDER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Max M. Delency
2. SEX: Male
3a. TIME OF DEATH: approx 4:00 pm.
3b. DATE OF DEATH (Month, Day, Yr): April 4, 1990
4. SOCIAL SECURITY NUMBER: 311-07-0876
5a. AGE—Last Birthday (Years): 73
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Mo, Day, Yr): September 15, 1916
7. BIRTHPLACE (City and State or Foreign Country): New York City, New York
8a. WAS DECEDENT A US VETERAN? Yes
8b. YEAR LAST SERVED IN US ARMED FORCES? 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 2477 Union St.
9c. CITY, TOWN, OR LOCATION OF DEATH: Lake Station
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): none
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Pipefitter
12b. KIND OF BUSINESS/INDUSTRY: Steel Industry
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lake Station
13d. STREET AND NUMBER: 2477 Union St.
13e. ZIP CODE: 46405
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Marcell Delegewitz
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Zolkowska

INFORMANT

20a. INFORMANT'S NAME (Type/Print): William A. Hemmingen
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2118 Pennsylvania St. Portage, IN 46368
20c. Relationship: Stepson

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 7, 1990 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, In
22a. EMBALMER'S NAME: Gloria Brady
22b. EMBALMER'S LICENSE NO.: FD0106597
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD0106597
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Brady Funeral Home FH83001635 3781 Central Ave. Lake Station, IN 46405

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Vascular collapse — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF)
b. Arteriosclerotic heart & vascular disease
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

FILED APR 10 1990 [signature] LAKE COUNTY ...

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

CERTIFIER

29a. ☐ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ ...: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☒ CORONER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] APR 06 1990
29c. MEDICAL LICENSE NO: 16120
29d. DATE SIGNED (Month, Day, Year): Apr. 6, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307

HEALTH OFFICER

31. [signature] LAKE COUNTY HEALTH ...
32. DATE FILED (Month, Day, Year): [handwritten]

CORONER USE ONLY

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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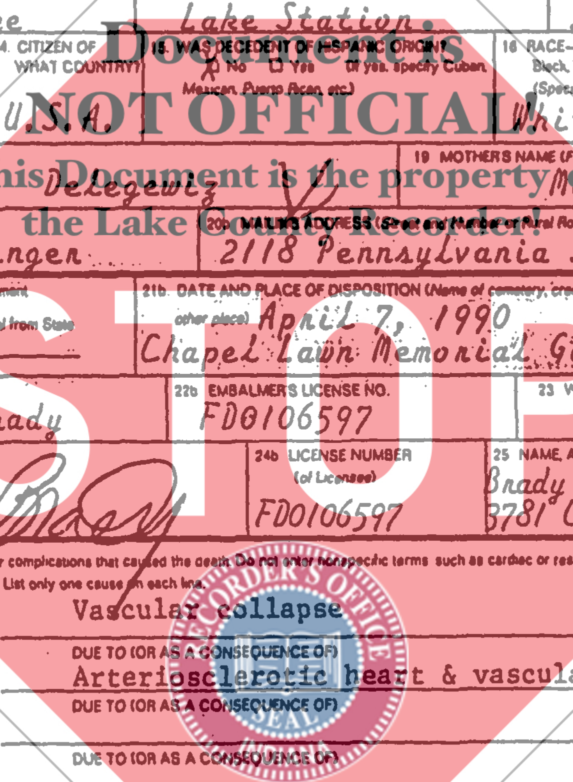
000633

Left margin (handwritten): Lots 25426 Blk 1 East Garden Estate Co. 2nd Add ... Lot 19-40-25426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