

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

095813

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 918

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST MARY Mikulaj			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) October 14, 1974	
RACE White	AGE—LAST BIRTHDAY (YEARS) Mo. 89	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 10-12-1885	COUNTY OF DEATH Lake
CITY, TOWN, OR LOCATION OF DEATH Hammond			INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Margaret Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Austria-Hungary		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
SOCIAL SECURITY NUMBER 305-70-5146		NATURAL RESIDENCE (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housework		KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN, OR LOCATION Whiting		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	TOWNSHIP North
STREET AND NUMBER 1527 John Street			DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service) NO		IS RESIDENCE ON A FARM? NO
FATHER—NAME FIRST MIDDLE LAST John Mikula		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Rosalia Grenshik		STREET AND NUMBER 1527 John St., Whiting, Ind. 46394	
INFORMANT—NAME Anthony Mikulaj			RELATIONSHIP Son		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1527 John St., Whiting, Ind. 46394
PART I. DEATH WAS CAUSED BY, (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (d))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Ruptured aortic aneurysm			2 1/2 hours		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) arteriosclerosis, severe		
OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (a)			(d) old age		
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DATE & TIME OF DEATH MONTH 10 DAY 14 YEAR 1974 HOUR 2:10 PM			DATE SIGNED MONTH 10 DAY 15 YEAR 1974		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE F.F. Premuda M.D.			SIGNATURE OF PHYSICIAN <i>F.F. Premuda</i>		PHY. CODE NO.
MAILING ADDRESS—PHYSICIAN 6625 Kennedy Avenue, Hammond, Indiana 46323			CITY OR TOWN Hammond Indiana		
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY, CREMATORY, FUNERAL HOME St. John Cemetery		LOCATION Hammond Indiana	
DATE (MONTH, DAY, YEAR) Oct. 17, 1974		FUNERAL HOME—NAME AND ADDRESS Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
HEALTH OFFICER—SIGNATURE <i>C. E. [Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 28 1974		

Below State Of U.S.

A
B
C
D
E
F
G

Number of 29-83-20

Disposition Permit Issued Provisional Certificate Yes No

FUNERAL HOME No. 726
FUNERAL DIRECTOR LICENSE No. 4392
FUNERAL DIRECTOR
FUNERAL DIRECTORS
SIGNATURE

EMBALMER'S NAME Martin Gaboy

Ernest Baran

FILED
Doc. No. 13
Not Official



01113

4:00

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

MAR 30 1990

Franklin D. Spemula, M.D.

Date Issued

HAMMOND HEALTH COMMISSIONER

