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

097006

Local No. 15

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): Geraldine M. Macenski | 2 Sex: Female | DATE OF DEATH (Month, Day, Year): Feb. 23, 1984

3 RACE: White | 4a AGE—Last Birthday (Years): 51 | UNDER 1 YEAR (4b Months, Days) | UNDER 1 DAY (4c Hours, Minutes) | DATE OF BIRTH (Month, Day, Year): June 13, 1932 | COUNTY OF DEATH: Lake

7b CITY, TOWN OR LOCATION OF DEATH: Hammond | 7c HOSPITAL OR OTHER INSTITUTION: St. Margaret Hospital | IF HOSP. OR INST. Inpatient or Emergency Room or DOA

8 STATE OF BIRTH: Illinois | 9 CITIZEN OF WHAT COUNTRY: USA | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married | 11 SURVIVING SPOUSE: Michael Macenski | WAS DECEDENT EVER IN U.S. ARMED FORCES? 12: no

13 SOCIAL SECURITY NUMBER: 315-28-5302 | 14a USUAL OCCUPATION: Housewife | 14b KIND OF BUSINESS OR INDUSTRY: Homemaker

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE: Indiana | 15b COUNTY: Lake | 15c CITY, TOWN OR LOCATION: Hammond

15d STREET AND NUMBER: 6740 Nevada Ave., | 15e IS RESIDENCE ON A FARM? YES ☐ NO ☒ | 15f INSIDE CITY LIMITS (Specify YES or NO): Yes

16g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (First, Middle, Last): John Kamin | 17 MOTHER—MAIDEN NAME (First, Middle, Last): Pearl Dobrzynski

18a INFORMANT—NAME (Type or print) RELATIONSHIP: Michael Macenski-Husband | 18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 6740 Nevada Ave., Hammond, Ind. 46323

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial | 19b CEMETERY OR CREMATORY—FUNERAL HOME: Elmwood Cemetery | 19c LOCATION (City or Town, State): Hammond, Ind.

20a DATE (Month, Day, Year): February 27, 1984 | 20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Solan Funeral Home 7109 Calumet Ave., Hamd, In 46324

M.D. OR D.O.

To the best of my [illegible] death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) David M Harvey | 21b DATE SIGNED (Mo., Day, Yr.): Feb. 23, 1984 | 21c HOUR OF DEATH: M

21d NAME OF ATTENDING PHYSICIAN (Type or Print): David M. Harvey, M. D.

21e MAILING ADDRESS—PHYSICIAN: 716 Seberger Munster, Indiana 46321

22a HEALTH OFFICER—SIGNATURE: [signature] | 22b DATE RECEIVED BY LOCAL HEALTH OFFICER: FEB 24 1984

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

CAUSE

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR a, b, AND c.) | Interval between onset and death

PART I (a) Metastatic Carcinoma from L Kidney | 18 months

DUE TO OR AS A CONSEQUENCE OF

(b)

DUE TO OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to the [illegible] | AUTOPSY (Specify Yes or No): 24 no

FILED

APR 25 1990

AUDITOR LAKE COUNTY

SBH 06-003 State Form 35430 REV.10/77

001564

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

FEB 24 1984

Date Issued

HAMMOND HEALTH COMMISSIONER

Use

LICENSE No. 409

EMBALMER'S NAME Mary Solan

LICENSE No. 849

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME No. 289

FUNERAL DIRECTOR'S

LICENSE No.

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