

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

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

JAN 05 1988

Date Issued

Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME: KEITH D. ANTHONY

FUNERAL DIRECTOR'S

SIGNATURE: *Keith D. Anthony*

LICENSE No. 1011911

FUNERAL DIRECTOR'S

LICENSE No. 1011911

FUNERAL HOME

No. 3002835

Parbadee Ill. Aug 231 - Bl. 1. 115 ft L 32 Bl 1

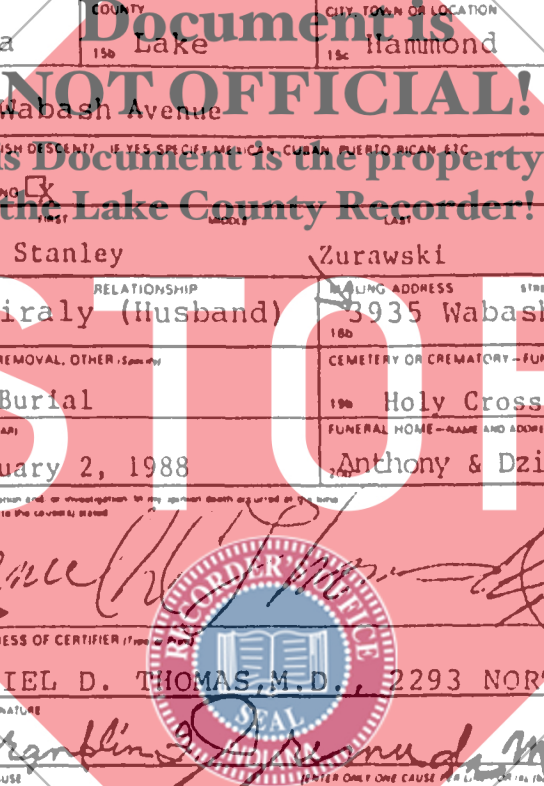
KEY # 35-215-31

Local No. 993

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME FIRST: Helen M. KIRALY MIDDLE: M. LAST: KIRALY		SEX: Female	DATE OF DEATH (MONTH DAY YEAR): December 29, 1987
RACE - (e.g. White, Black, American Indian, etc.) White	AGE - (Last Birthday) 65	UNDER 1 YEAR MONTHS: 5b DAYS: 5c	UNDER 1 DAY HOURS: 5d MINUTES: 5e
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION - (Name, if not at last of gross street and number) 3935 Wabash Avenue	IF HOSP OR INST. (Indicate any D.O.A. or I.M. that applies.) 7d
STATE OF BIRTH - (If not in U.S.A. name country) Illinois	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Indicate gross street number) 11 Louis Kiraly
SOCIAL SECURITY NUMBER 13 353-16-0969	USUAL OCCUPATION (Indicate kind of work done during most of working life, even if seasonal) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE - STATE 15a 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 15d 3935 Wabash Avenue		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
IS DECEASED OF SPANISH DESCENT? (If Yes specify Mexican, Cuban, Puerto Rican, etc.) 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 18 Stanley Zurawski		MOTHER - MAIDEN NAME 17 Anna Ogradowicz	
INFORMANT - NAME 18a Louis Kiraly (Husband)		RELATIONSHIP 18b (Husband)	MAILING ADDRESS 18c 3935 Wabash Ave, Hammond, Indiana 46327
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Holy Cross Cemetery	LOCATION 19c Calumet City, Illinois
DATE (MONTH DAY YEAR) 20a January 2, 1988		FUNERAL HOME - NAME AND ADDRESS 19d Anthony & Dziadowicz F.H., 4404 Cameron, Hammond, IN 46327	
On the basis of examination and investigation by my opinion death occurred at the time and place stated due to the causes stated		DATE SIGNED (Mo. Day Yr.) 21b 12/30/87	HOUR OF DEATH 21c M
SIGNATURE 21a <i>Daniel D. Thomas</i>		PRONOUNCED DEAD (Mo. Day Yr.) 21d ON 12/29/87	PRONOUNCED DEAD (Hour) 21e AT 7:00 P.M.
NAME AND ADDRESS OF CERTIFIER (If not at hand) 21f DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JAN 05 1988	
HEALTH OFFICER'S SIGNATURE 22a <i>Franklin S. Remond M.D.</i>			
IMMEDIATE CAUSE 23 (a) Coronary insufficiency		Interval between onset and death Undetermined	
DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart & vascular disease		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) 24 No	
ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST (Specify) 25a Natural	DATE OF INJURY (Mo. Day Yr.) 25b	HOUR OF INJURY 25c	DESCRIBE HOW INJURY OCCURRED 25d
INJURY AT WORK (Specify Yes or No) 25e	PLACE OF INJURY - (All homes, farms, streets, factories, etc.) 25f	LOCALITY (Specify street or R.F.D. no.) 25g	CITY OR TOWN 25h
STATE 25i		STATE	



FILED

MAY 7 1990

Auditor Lake County

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