

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

8742 Idlewild Hgld 46322
INDIANA STATE BOARD OF HEALTH

SBH 113-3

DIVISION OF VITAL RECORDS

State No. _____
No. _____

Local No. 416

John S. Slankowski
MEDICAL CERTIFICATE OF DEATH

1001167

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
John		J.	Slankowski	Male	June 26, 1970			
RACE (SPECIFY)		AGE (YEARS)	UNDER 1 YEAR (MO, DAY)	UNDER 1 DAY (HOURS, MIN)	DATE OF BIRTH (MONTH, DAY, YEAR)			COUNTY OF DEATH
White		63	9 2	5c	9-24-1906			Lake
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
East Chicago		yes		St. Catherine Hospital				
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
Pennsylvania		U.S.A.		Married		Julia Pudlo		
USUAL RESIDENCE WHERE DECEASED (GIVE INSTITUTION IF RESIDENT; F REPORT ADMISSION)		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
306-10-8672		Machine Operator		Chain Mfr.				
RESIDENCE STATE		COUNTY		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		
Indiana		Lake		yes		North		
STREET AND NUMBER		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		
4250 Wabash Avenue		Hammond		yes		North		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	
Joseph		Slankowski			Mary		Kempa	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
Julia Slankowski		Wife		4250 Wabash Avenue, Hammond, Indiana 46327				
PART I DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18 IMMEDIATE CAUSE		<p>(a) <i>Uremia</i></p> <p>(b) <i>Renal shut down</i></p> <p>(c) <i>Basal obstruction & colostomy</i></p>						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		<p><i>Arteriosclerotic heart disease</i></p>						
PART II OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
				19a. No		19b.		
DEATH OCCURRED (MONTH, DAY, YEAR)		THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)			DATE SIGNED (MONTH, DAY, YEAR)			
20a. 12:15 A.M. 20b. 6 26 70		20c. 6 26 70			21a. 6 26 70			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		(OF ONE OR TITLE)				
22a. VIRGIL T. ANGEL		22b. <i>Virgil T. Angel</i>		4D				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23. 2933 JEWETT ST		HIGHLAND		IND.		46322		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE		
24a. Burial		24b. Holy Cross Cemetery		Galumet City, Illinois		283		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. June 29, 1970		Bernard A. Dziadowicz 4404 Cameron Ave. Hammond, Indiana 46327						
FUNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
25b. <i>Bernard A. Dziadowicz</i>		26a. <i>E. L. Campagna M.D.</i>		26b. June 29, 1970				

EMBALMER'S NAME: Bernard A. Dziadowicz
LICENSE No. 18

To S. Chenbery State Fair Adm. 33-60-35-23089

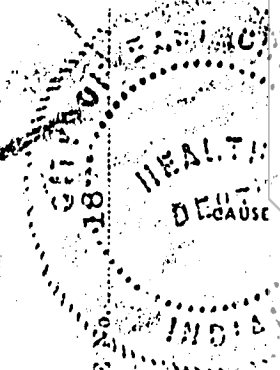
FILED

MAY 11 1970

Disposition Issued / /
Provisional Certificate
 Yes No

FUNERAL

BURIAL



4.00

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