

104-Vet

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

Below for State Office Use

103423

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

001929

Local No. 404

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

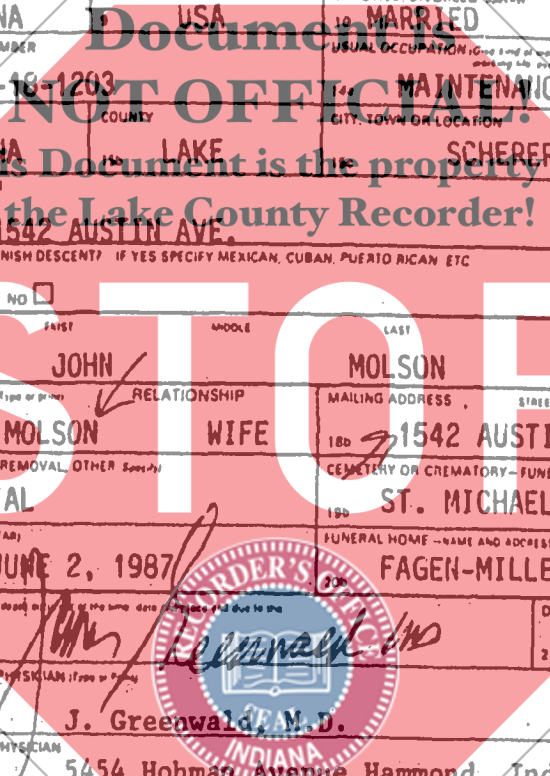
USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

CONDITIONS
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
OF DEATH
AND
LAST

DECEASED—NAME 1 John A. Molson		SEX Male	DATE OF DEATH (MONTH DAY YEAR) 5-30-87
RACE—(1) 100% Black American (2) 100% White (3) Other	AGE—Last birthday (1918) 69	UNDER 1 YEAR MOSES DAYS	UNDER 1 DAY HOURS MINUTES
4 WHITE	5a 69	5b	5c
CITY, TOWN OR LOCATION OF DEATH 7a HAMMOND		HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number. 7c ST. MARGARET HOSPITAL	IF HOSP OR INST. Inmate or Out- Patient 7d INPATIENT
STATE OF BIRTH (If not in U.S. & Foreign (Country)) INDIANA	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If with give maiden name) 11 AMELIA RICHTAREK
SOCIAL SECURITY NUMBER 12 334-16-1203	RESIDENCE—STATE 13a INDIANA	CITY, TOWN OR LOCATION 13b LAKE SCHERERVILLE	KIND OF BUSINESS OR INDUSTRY 14b LAKE CENTRAL SCHOOL SYSTEM
15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME 16 JOHN MOLSON	MOTHER—MAIDEN NAME 17 ANN TUMEDALSKY	INFORMANT—NAME (Type or print) 18a AMELIA MOLSON	
RELATIONSHIP WIFE	MAILING ADDRESS 18b 1542 AUSTIN AVE.	CITY OR TOWN SCHERERVILLE, INDIANA	STATE 46375
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b ST. MICHAEL CEMETERY	LOCATION 19c SCHERERVILLE, IND.	FUNERAL HOME—NAME AND ADDRESS 20a FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND.
DATE (MONTH DAY YEAR) 20b JUNE 2, 1987	DATE SIGNED (Month Day Year) 21b 6/1/87	HOUR OF DEATH 21c 4:30 a.m.	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d J. Greenwald, M.D.	MAILING ADDRESS—PHYSICIAN 21e 5454 Hohman Avenue Hammond, Indiana 46320	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN - 3 1987	
IMMEDIATE CAUSE 23 PART (a) (b) (c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 23		



FILED

MAY 31 1980

Ann R. Carter
ALTON LAW CLERK

AUTOPSY (Specify Yes or No)
24

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
JUN - 3 1987
Franklin J. Remondino, M.D.
HAMMOND HEALTH COMMISSIONER

LICENSE No. FDE 1006015
FUNERAL DIRECTOR'S SIGNATURE
LAWRENCE MILLER

KEY 10-86 - S-16, T-35-R-9
KEY 12-5-86-79 S-10-T-35-R-9