

TYPE OR PRINT  
PLAINLY, WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Belong to State Office

109590

Local No. 392

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 00000

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JUN 1 1987

FUNERAL HOME  
FUNDING BILL  
LICENSE No. FDE 100-7500  
FUNERAL DIRECTOR'S SIGNATURE

PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
JUL 2 1990

DECEASED—NAME Richard E. Pokorski			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 5-29-87
RACE—(a) When both American Indian or Alaskan White	AGE—(a) When 1 year or over 59	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS DAYS	DATE OF BIRTH (a) (b) (c) Feb. 5, 1928
PLACE OF BIRTH OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in paper give street and number) St. Margaret Hospital		IF HOSP OR INST (b) (c) (d) (e) 7c Inpatient
CITIZENSHIP OF WHAT COUNTRY Indiana	CITIZENSHIP OF WHAT COUNTRY U.S.A.	MARRIED—NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (a) (b) (c) (d) (e) Loretta Peters	
SOCIAL SECURITY NUMBER 316-24-6042		USUAL OCCUPATION (a) (b) (c) (d) (e) Gen. Supervisor	KIND OF BUSINESS OR INDUSTRY Engineering Co.	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Highland		INSIDE CITY LIMITS (b) (c) (d) (e) Yes
STREET AND NUMBER 2905 Parkway Dr.		IS RESIDENCE ON A FARM? NO		STATE OF INDIANA JUL 1 1987
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. NO		FATHER—NAME Edward Pokorski		MOTHER—MAIDEN NAME Unavailable
INFORMANT—NAME (a) (b) (c) (d) (e) Loretta Pokorski		RELATIONSHIP WIFE	MAILING ADDRESS 2905 Parkway Dr.	CITY OR TOWN Highland, Indiana
DISPOSITION Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery	LOCATION Merrillville, Indiana	
DATE (MONTH DAY YEAR) June 1, 1987		FUNERAL HOME—NAME AND ADDRESS Kemper Funeral Home		STREET OR RFD NO CITY OR TOWN STATE ZIP 9039 Kleinman Rd. Highland, Indiana
NAME OF ATTENDING PHYSICIAN (a) (b) (c) (d) (e) MATEO, M.D.		DATE SIGNED (a) (b) (c) (d) (e) 5-30-87	HOUR OF DEATH 5:55 p.m.	
MAILING ADDRESS—PHYSICIAN 9127 S. WESTERN CHICAGO, ILL. 60620		DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 1 1987		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN AND OUT) PART I (a) CARDIORESPIRATORY ARREST (b) SEPTICEMIA (c) MALIGNANT LYMPHOMA PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not listed as a cause given in Part I) LEUKOPENIA, THROMBOCYTOPENIA				

6.00