138666

Local No. 834

[redacted]S THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov. 9, 1989 — Franklin J. O. [illegible] M.D.
Date Issued — Hammond Health Commissioner

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): IRENE IHNAT
- 2. SEX: Female
- 3a. TIME OF DEATH: 4:59 PM
- 3b. DATE OF DEATH (Month, Day, Yr.): November 7, 1989
- 4. SOCIAL SECURITY NUMBER: 306-24-7710
- 5a. AGE—Last Birthday (Years): 63
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo, Day, Yr): January 18, 1926
- 7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana
- 8a. WAS DECEDENT A U.S. VETERAN? no
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? —
- 9a. PLACE OF DEATH (Check only one. See Instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
- 9b. FACILITY NAME (If not institution, give street and number): 7151 Beech Ave.
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond, Indiana
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Andrew Ihnat
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
- 12b. KIND OF BUSINESS/INDUSTRY: Own Home
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Hammond
- 13d. STREET AND NUMBER: 7151 Beech Ave.
- 13e. ZIP CODE: 46324
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM? ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY? USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
- 16. RACE—American Indian, Black, White, etc. (Specify): White
- 17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Peter Kovacik
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Maida

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Andrew Ihnat
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7151 Beech Ave., Hammond, Indiana 46324
- 20c. Relationship: Husband

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 10, 1989 St John Cemetery
- 21c. LOCATION—City or Town, State: Hammond, Indiana
- 22a. EMBALMER'S NAME: Charles W. Wells
- 22b. EMBALMER'S LICENSE NO.: FD# 1042372
- 23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: MARY SOLAN — Mary Solan
- 24b. LICENSE NUMBER (of Licensee): FD# 1004097
- 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: SOLAN FUNERAL HOME FH# 3002893 7109 Calumet Ave., Hammond, Ind. 46324

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Astrocytoma grade III/IV of Brain	4 yrs
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) b. [illegible] Multiforme	
	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF) d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

- 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
- 28a. WAS AN AUTOPSY PERFORMED? (Yes or no): no
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED DEC 12 1990

Oana N. Antone — AUDITOR LAKE COUNTY

CERTIFIER

- 29a. CERTIFIER (Check only one):
  - ☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
  - ☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
  - ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
- 29b. SIGNATURE AND TITLE OF CERTIFIER: Alfred J. Dainko MD
- 29c. MEDICAL LICENSE NO.: 12861
- 29d. DATE SIGNED (Month, Day, Year): 9 Nov 89
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Alfred J. Dainko M.D., 915 West Chicago Ave., Hammond, Indiana 46312

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Franklin J. O. [illegible] M.D.
- 32. DATE FILED (Month, Day, Year): November 9, 1989

CORONER USE ONLY

- 33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
- 34a. DATE OF INJURY (Month, Day, Year)
- 34b. TIME OF INJURY
- 34c. INJURY AT WORK? (Yes or no)
- 34d. DESCRIBE HOW INJURY OCCURRED
- 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
- 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
- 34g. DATE PRONOUNCED DEAD (Month, Day, Year)
- 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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60 [illegible]

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

Rudolph Zajac — 84 762 Whiting 46394

#36 #88 52 Wilson Square Add N 39' Lt 52 & S 17' Lt 51 Bl 1