Pinkerton & Friedman 9008 Indpls Blvd H'land 46322

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 296 139387 77 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED-NAME (First, Middle, Last)	ALBIN A. KOZLOWSKI SR.
2 SEX	Male
3a TIME OF DEATH	3:20 P.M.
3b DATE OF DEATH (Month, Day, Yr)	October 22, 1990
4 SOCIAL SECURITY NUMBER	306-03-4654 A
5a AGE—Last Birthday (Years)	72
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo. Day, Yr)	DEC. 8, 1917
7 BIRTHPLACE (City and State or Foreign Country)	EAST CHICAGO, INDIANA
8a WAS DECEDENT A U.S. VETERAN?	No
8b YEAR LAST SERVED IN US ARMED FORCES?	NONE
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number)	ST. CATHERINE HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH	EAST CHICAGO
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	AURELIA TIPLIC
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	SUPERVISOR- ROLLMILL
12b KIND OF BUSINESS/INDUSTRY	INLAND STEEL CO.
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	EAST CHICAGO
13d STREET AND NUMBER	4201 IVY STREET
13e ZIP CODE	46312
13f INSIDE CITY LIMITS	[ ] No [X] Yes
13g ON A FARM?	[X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
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+)	2 yrs

PARENTS

Field	Entry
18 FATHER'S NAME (First, Middle, Last)	JOHN KOZLOWSKI
19 MOTHER'S NAME (First, Middle, Maiden Surname)	MARY WOLAK

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	AURELIA KOZLOWSKI
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4201 IVY ST., EAST CHICAGO, INDIANA 46312
20c Relationship	WIFE

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	OCTOBER 26, 1990 HOLY CROSS CEMETERY
21c LOCATION—City or Town, State	CALUMET CITY, ILLINOIS
22a EMBALMER'S NAME	RAYMOND PRUSIECKI
22b EMBALMER'S LICENSE NO.	FDO 1039517
23 WAS DEATH REPORTED TO CORONER?	[ ] No [X] Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Raymond Prusiecki
24b LICENSE NUMBER (of Licensee)	FDO 1039517
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Prusiecki Funeral Home, FDH3001562, P.O. Box ..., East Chicago, Indiana 46312

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Fracture of skull with cerebral contusions,	Unknown
DUE TO (OR AS A CONSEQUENCE OF) b	subarachnoid and subdural hemorrhage.	
DUE TO (OR AS A CONSEQUENCE OF) c		
DUE TO (OR AS A CONSEQUENCE OF) d		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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

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

FILED DEC 12 1990

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.
- [X] 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.

Anna M. Antone, AUDITOR LAKE COUNTY

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	Daniel D. Thomas
29c MEDICAL LICENSE NO	16120
29d DATE SIGNED (Month, Day, Year)	October 24, 1990
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Dr. Lesi Lazkovich
32 DATE FILED (Month, Day, Year)	10-25-90

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	[ ] Natural [ ] Pending Investigation [X] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a DATE OF INJURY (Month, Day, Year)	Oct 22, 1990
34b TIME OF INJURY	Unknown
34c INJURY AT WORK? (Yes or no)	No
34d DESCRIBE HOW INJURY OCCURRED	Fall, down basement stairs
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	Home
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	4201 Ivy Street East Chicago, Indiana
34g DATE PRONOUNCED DEAD (Month, Day, Year)	October 22, 1990
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	No

00665 60

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

Margin: #30-49.51 Lt 1 Bl 18 Park Add Ind Harb

Stamps: ROBERT ... RECORDER DEC 18 ... 24 ...; FILED ... STATE OF INDIANA S.S. LAKE COUNTY ... RECORD

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