

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

47-289-23  
47-289-23  
Andrew Wilson  
47-289-23  
P. 24 - 24 - 24

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME George Listenberger

LICENSE No. 1450

FUNERAL HOME  
FUNERAL DIRECTOR'S  
FUNERAL DIRECTOR'S  
FUNERAL DIRECTOR'S

No. 241  
No. 1856  
No. 1856

SIGNATURE  
Mark J. Harris

33 Oct  
30  
Local No. 69-1044

91009056

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Key No. 47-289-23

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST <b>CHESTER THOMAS NAMINSKI</b>			SEX 1. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 2. <b>July 22, 1969</b>
1. <b>White</b>		AGE—LAST BIRTHDAY (YEARS) 5a. <b>51</b>	UNDER 1 YEAR MON. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>July 27, 1917</b>	COUNTY OF DEATH 7a. <b>Lake</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Gary</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>Yes</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>Methodist Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A.) 8. <b>Indiana</b>		CITIZEN OF WHAT COUNTRY 9. <b>USA</b>		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <b>Rose Kania</b>		STATE OF DEATH 11. <b>Indiana</b>
SOCIAL SECURITY NUMBER 12. <b>307-01-7827</b>		USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		KIND OF BUSINESS, OR INDUSTRY 13b. <b>Republic Steel</b>		STATE OF BIRTH 13c. <b>Indiana</b>
RESIDENCE—STATE 14a. <b>Indiana</b>		COUNTY 14b. <b>Lake</b>		CITY, TOWN OR LOCATION 14c. <b>Gary</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>Yes</b>
STREET AND NUMBER 14f. <b>3780 Lincoln St.</b>		CITY, TOWN OR LOCATION 14c. <b>Gary</b>		TOWNSHIP 14e. <b>Calumet</b>		STATE OF BIRTH 14f. <b>Indiana</b>
FATHER—NAME FIRST MIDDLE LAST 15. <b>Roman Naminski</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <b>Mary Suty</b>		17a. <b>Wife</b>		17c. <b>3788 Lincoln St., Gary, Ind. 46408</b>
DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE 18. <b>Acute myocardial infarction</b>		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) 19a. <b>2 hrs.</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST 19b. <b>FILED</b>		OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) 19c.		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19d. <b>FILED</b>		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19e. <b>FILED</b>
DATE & TIME OF DEATH 20. <b>10:45 PM July 22 1969</b>		SIGNATURE OF PHYSICIAN 22b. <b>Thomas A. Harris</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <b>JUL 24 1969</b>		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <b>T.A. Harris M.D.</b>		M.A. P.P.O. M.D. P.P.O.		HEALTH OFFICER—SIGNATURE 26a. <b>George Listenberger</b>		
MAILING ADDRESS—PHYSICIAN 23. <b>6111 Harrism Merrillville, Indiana 46410</b>		STREET OR R.F.D. NO. 24b. <b>Calvary</b>		CITY OR TOWN 24c. <b>Portage, Indiana</b>		STATE 24d. <b>Indiana</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY, CREMATORY, FUNERAL HOME 24b. <b>Calvary</b>		LOCATION 24c. <b>Portage, Indiana</b>		STATE 24d. <b>Indiana</b>
DATE (MONTH, DAY, YEAR) 24d. <b>July 26, 1969</b>		FUNERAL HOME—NAME AND ADDRESS 25a. <b>Gelsen Funeral Home Inc., 3805 Adams St., Gary, Indiana 46408</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <b>JUL 24 1969</b>		
25b. <b>6-24-2</b>		HEALTH OFFICER—SIGNATURE 26a. <b>George Listenberger</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <b>JUL 24 1969</b>		

RETURN TO HENRY KOWALCZYK, 5246 HOGMAN AVE, HAMMOND, IN 46320



CERTIFIED BY:

*Heena E. Johnson*

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE FEB. 14 1991