1439

No. 422-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00327

1. DECEASED—NAME (First, Middle, Last): ALEXANDER P. BIANCHI	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): March 4, 1984	
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): White	5a. AGE—Last Birthday (Yrs.): 61	5b. UNDER 1 YEAR (Mos., Days):	5c. UNDER 1 DAY (Hours, Mins.):
6. DATE OF BIRTH (Mo., Day, Yr.): 5/18/1922	7a. COUNTY OF DEATH: Lake		
7b. CITY, TOWN OR LOCATION OF DEATH: Merrillville	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Methodist Hospital Southlake Cam.	7d. IF HOSP. OR INST. Indicate DOA, OP (Emer. Rm., Inpatient) (Specify): Inpatient	
8. STATE OF BIRTH (If not in U.S.A. name country): Illinois	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Ann Bartlouzzi
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes			
13. SOCIAL SECURITY NUMBER: 393-12-2360	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ironworker	14b. KIND OF BUSINESS OR INDUSTRY: Construction	
15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Merrillville 46410	
15d. STREET AND NUMBER: 6757 Adams St.	15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	15f. INSIDE CITY LIMITS (Specify Yes or No): Yes	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: YES ☐ NO ☒			
16. FATHER—NAME (First, Middle, Last): Louis Bianchi	17. MOTHER—MAIDEN NAME (First, Middle, Last): Angela Cerato		
18a. INFORMANT—NAME (Type or print) RELATIONSHIP: Ann Bianchi Wife	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 6757 Adams St., Merrillville, Indiana 46410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park Cemetery	19c. LOCATION (City or Town, State): Merrillville, Indiana	
20a. DATE (Month, Day, Year): March 7, 1984	20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): PRUZIN FUNERAL HOME 6360 Broadway, Merrillville, 4641		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature): [signature] MD	21b. DATE SIGNED (Mo., Day, Yr.): March 5, 1984	21c. HOUR OF DEATH: 11:35 AM	
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Robert T. Woodburn M.D.			
21e. MAILING ADDRESS—PHYSICIAN: 8127 Merrillville Road, Merrillville, Ind. 46410			
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 3-6-84		

23. PART I — IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)): Interval between onset and death

(a) [signature]

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

(b)

DUE TO OR AS A CONSEQUENCE OF: Interval between onset and death

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): AUTOPSY (Specify Yes or No): No

SBH 06-003 State Form 35430
REV. 10/77

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RECORDER'S SEAL INDIANA
STATE OF INDIANA/LAKE COUNTY
ROBERT T. WOODBURN RECORDER
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