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Below for State Office Use

91021439

Local No. 422-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00327

1. DECEASED—NAME (First, Middle, Last): ALEXANDER P. BIANCHI	SEX: Male	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	
16a. STREET AND NUMBER: 6757 Adams St.	16b. IS RESIDENCE ON A FARM? YES ☐ NO ☒	16c. 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.): 6757 Adams St.	18c. CITY OR TOWN, STATE, ZIP: 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]	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 (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): Lung cancer — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): — AUTOPSY (Specify Yes or No): 24. No

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

FILED MAY 9 1983 LAKE COUNTY HEALTH DEPT.

THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE LAKE COUNTY HEALTH DEPT. MAR 6 1983

Marie Wells

EMBALMER'S NAME: Charles W. Wells

LICENSE No. 4237

FUNERAL DIRECTOR'S LICENSE No. 48

FUNERAL HOME No. 245

FUNERAL DIRECTOR'S SIGNATURE: [signature]

LAKE COUNTY HEALTH COMMISSION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

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RECORDER'S OFFICE SEAL INDIANA

ROBERT T. WOODBURN RECORDER

STATE OF INDIANA/ LAKE COUNTY FILED MAY 6 1984 ROBERT T. WOODBURN RECORDER

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