

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
OCT 31 1972 *C. E. Jankowski, M.D.*
Date issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME Bernard D. Anthony

FUNERAL DIRECTOR'S
SIGNATURE *Dennis Anthony*

LICENSE No. 695

FUNERAL DIRECTOR'S
LICENSE No. 870

FUNERAL HOME
No. 283

91023741
Local No. 1012

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 01113

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. JOHN C. STRNATKA 2. MALE 3. OCTOBER 29, 1972

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 55 5b. 10 2 5c. Dec 27, 1916 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hammond 7c. Yes 7d. St. Margaret Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) WIDOWED DIVORCED

8. Illinois 9. U.S.A. 10. Charlotte Pers

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 329-14-7403 13a. Serviceman 13b. Heating & Air Conditioning

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Hammond 14d. Yes 14e. North

STREET AND NUMBER 14f. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 4310 Henry Avenue 14g. Yes WW II 14h. YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Michael Strnatka 16. Margaret Misoviec

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Charlotte Strnatka 17b. Wife 17c. 4310 Henry Ave, Hammond, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Cerebral Hemorrhage 17 hours

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), LISTING THE UNDERLYING CAUSE LAST (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)) AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

19a. Anterior Artery Heart Disease 19b. 191

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. October 29, 1972 3:45P M. 21a. October 30, 1972

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. D. F. Engelking 22b. *D. F. Engelking*

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 7905 Calumet Munster Ind. 46321

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Holy Cross Cemetery 24c. Calumet City, Illinois

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Nov. 2, 1972 25a. Dziadowicz and Anthony 4404 Cameron Avenue Hammond, Indiana 46327

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. *C. E. Jankowski, M.D.* 26b. OCT 31 1972 600

FILED
MAY 17 1981
CLERK OF INDIANA
STATE OF INDIANA
CLERK OF INDIANA
STATE OF INDIANA



35-0144-0021

PLT 20.22 Lot 21, NORTH PARK MANOR, Hammond