

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.
DEC 18 1972

Franklin M.D.
HAMMOND HEALTH COMMISSIONER

Date issued

John G. Ault

EMBALMER'S NAME

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL DIRECTOR'S
LICENSE NO. 1783

LICENSE NO. 1350

FUNERAL HOME
No. 280

La Salle-Add. L. 9, Bl. 4
Key #34-266-9, unit #26
Local No. 1165 91023824

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Windsor Park Add N2.L.13
Key #36-166-17
State No.

66010

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. ALOYSIUS ANTHONY KORNAUS			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 14, 1972	
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 49	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. July 28, 1923		COUNTY OF DEATH 7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH 7b. Hammond			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. D.O.A. St. Margaret Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Ruth Pomplin			
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. 312-18-2566		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Machine Repairman		KIND OF BUSINESS OR INDUSTRY 13b. American Steel Foundries	
RESIDENCE—STATE 14a. Indiana		RESIDENCE—COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Hammond		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	TOWNSHIP 14e. North	
STREET AND NUMBER 14f. 7418 Alexander Avenue		CITY, TOWN OR LOCATION 14g. Hammond		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 14h. WW II		IS RESIDENCE ON A FARM? 14i. NO	
FATHER—NAME 15. John		MOTHER—MAIDEN NAME 16. Mary Kapusta		INFORMANT—NAME 17a. Mrs. Ruth Korhaus		RELATIONSHIP 17b. Wife	
Mailing Address (Street or R.F.D. No., City or Town, State, Zip) 17c. 7418 Alexander Hammond, Indiana 46323		PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE 18. Coronary Thrombosis		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING ONE UNDER-lying (NO. 199)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1-2 PM	
IMMEDIATE CAUSE (b) Coronary Sclerosis		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING ONE UNDER-lying (NO. 199)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr	
IMMEDIATE CAUSE (c) DUODENAL ULCER		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING ONE UNDER-lying (NO. 199)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I:		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					
19a. None		19b. DUODENAL ULCER					
DATE & TIME OF DEATH 20. Dec 14 1972		DATE SIGNED 21a. Dec 14 1972		SIGNATURE OF PHYSICIAN 21b. Daniel T. Ranter M.D.		PHYSICIAN'S CODE NO.	
M. D. OR D. O.		Mailing Address—Physician 22a. 7040 Kennedy		STREET OR R.F.D. NO.		CITY OR TOWN Hammond	
STATE Indiana		STATE Indiana		STATE Indiana		STATE Indiana	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. St. John Cemetery		LOCATION 24c. Hammond		CITY OR TOWN Indiana	
DATE (MONTH, DAY, YEAR) 24d. Dec. 18, 1972		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Bocken Funeral Home, Inc. 7042 Kennedy Avenue Hammond, Indiana					
HEALTH OFFICER—SIGNATURE 25b. C. E. Franklin M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. DEC 18 1972					

FILED

CAUSE MAY

Anna N. Untch
AUDITOR LAKE COUNTY



Disposition Permit Issued / /
Provisional Certificate
 Yes No

Tweddle + Sedia
77 2633-45488 *Hiland 46322*