

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

91052635

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

John B. Laszlo

SBH 113-3

Local No. 634

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED--NAME 1. George Abrinko			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 7, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE--LAST BIRTHDAY (YEARS) 5a. 73	UNDER 1 YEAR MOB. DAYS 5b. 3	UNDER 1 DAY HOURS MIN. 5c. 10	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 3-27-1897	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. 2019 Davis Avenue		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Anna Rlovak	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Czechoslovakia		CITIZEN OF WHAT COUNTRY 9. Retired		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 10. Married		11. Anna Rlovak
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12. 336-0755		SOCIAL SECURITY NUMBER 12. 336-0755		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, I.F. NOT RETIRED) 13. U.T. L. X. Co.,		KIND OF BUSINESS OR INDUSTRY 13. U.T. L. X. Co.,
RESIDENCE--STATE 14a. Ind		COUNTY 14b. Hammond	CITY, TOWN OR LOCATION 14c. 2019 Davis Avenue		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	TOWNSHIP 14e. North
STREET AND NUMBER 14f. 2019 Davis Avenue		14g. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. North		
FATHER--NAME 15. Michael Abrinko		FIRST 15. Michael	MIDDLE 15. Abrinko	LAST 15. Abrinko	MOTHER MAIDEN NAME 16. Barbara Gima	FIRST 16. Barbara
MOTHER MAIDEN NAME 16. Barbara Gima		FATHER--NAME 17a. Anna Abrinko		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 2019 Davis Ave, Whiting, Ind. 46394	
PART I. DEATH WAS CAUSED BY: 18. Acute Myocardial Infarction		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c): IMMEDIATE CAUSE (a) Acute Myocardial Infarction				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1/2 HOUR
CONDITIONS, IF ANY, WHICH LEVE RISE TO IMMEDIATE CAUSE (A), STAYING THE UNDER- LYING CAUSE LAST (b) Atherosclerotic Heart Disease		(b) Atherosclerotic Heart Disease				SEV. YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) (c) ADKINSON'S DISEASE		(c) ADKINSON'S DISEASE				UNKNOWN
AUTOPSY (YES OR NO) 19a. NO		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b.				
DEATH OCCURRED (HOUR) 20a. 3:45 A.M.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 20b. July 7, 1970 3:45 A.M.			DATE SIGNED (MONTH, DAY, YEAR) 21a. July 9, 1970	
CERTIFIER 22a. Peter Stecy, M.D.		SIGNATURE 22b. <i>Peter Stecy, M.D.</i>		(DEGREE OR TITLE) 22c. M.D.		
MAILING ADDRESS--CERTIFIER 23. 1900 Ind. Blvd. Whiting Ind. 46394		STREET OR R.F.D. NO. 23. 1900 Ind. Blvd.		CITY OR TOWN 23. Whiting Ind.	STATE 23. Ind.	ZIP 23. 46394
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. St. Mary Cemetery		LOCATION 24c. Hossville, Ind.	CITY OR TOWN 24c. Ind.	STATE 24c. Ind.
DATE (MONTH, DAY, YEAR) 24d. July 10, 1970		FUNERAL HOME NAME AND ADDRESS 24d. Baran & Son, Inc., 1235 119th St.,		CITY OR TOWN, STATE, ZIP 24d. Ind. 46394		
FURNAL DIRECTOR--SIGNATURE 25b. <i>Irene B...</i>		HEALTH OFFICER--SIGNATURE 25b. <i>John B. Laszlo</i>				

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
JUL 17 1970
Date issued

Smith & Butler 2nd Lt 25 6610
EMBALMER'S NAME: *Maxim Gabor*
LICENSE No. *1074*
FURNAL DIRECTOR'S LICENSE No. *702*

36-31425



Disposition-Permit
Issued / /
Provisional
Certificate
 Yes No

600