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RECORD

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Local No. 32012936

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

State No. 71033
Walter Krow...
Date 3/19/92

KEY 46-125-15
S 40 S 40 PARADISE
PARK LOT 10 B 2

Funeral Director's License No. 386
Funeral Director's Name: Tech Anton Pielinski
License No. 1312

1. PLACE OF DEATH - a. COUNTY: <u>Lake</u>		7. USUAL RESIDENCE (Where deceased lived if not in Indiana; if Indiana, list county) a. STATE: <u>Indiana</u> b. COUNTY: <u>Lake</u>	
2. CITY, TOWN, OR LOCATION: <u>Lake</u>		8. CITY, TOWN, OR LOCATION: <u>Lake</u>	
3. NAME OF HOSPITAL OR INSTITUTION: <u>Cary</u> (If not in hospital, give street address)		9. STREET ADDRESS: <u>Cary</u>	
4. PLACE OF DEATH (INSIDE CITY LIMITS)		10. RESIDENCE (INSIDE CITY LIMITS) OR RESIDENCE ON A VAUNT	
5. NAME OF DECEASED (Type or print): <u>Victor Majewski, Jr.</u>		11. DATE OF DEATH: <u>3/19/92</u>	
6. SEX: <u>Male</u>		12. DATE OF BIRTH: <u>7/8/09</u>	
13. COLOR OR RACE: <u>White</u>		14. AGE (In years, less than 1 year): <u>82</u>	
15. MARITAL STATUS (At time of death): <u>Married</u>		16. USUAL PLACE OF BIRTH (State or foreign country): <u>USA</u>	
17. MARRIAGE (Date of license or date of service): <u>17-09-1951</u>		18. NAME & GRADE (Spouse): <u>USA</u>	
19. VITAL NAME: <u>Victor Majewski, Jr.</u>		20. MOTHER'S MAIDEN NAME: <u>Vernia Kuruzowius</u>	
21. INFORMANT'S ADDRESS: <u>4113 Lincoln Street, Gary 10, Indiana</u>		22. RELATIONSHIP TO DECEASED: <u>Wife</u>	
23. NAME OF INFORMANT: <u>Mrs. Anna Majewski</u>		24. SIGNATURE OF INFORMANT: <u>[Signature]</u>	
25. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Cerebral Hemorrhage</u> DUE TO (b): <u>Hypertension</u> DUE TO (c):		26. PERIOD BETWEEN ONSET OF ILLNESS AND DEATH: <u>41 hrs</u>	
27. ACCIDENT SUICIDE HOMICIDE (Check one): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		28. NATURE OF INJURY OCCURRED: <u>None</u>	
29. TYPE OF INJURY: <u>None</u>		30. PLACE OF INJURY (e.g., home, farm, factory, street, cell or bridge, etc.): <u>Home</u>	
31. INJURY OCCURRED WHILE AT WORK: <input type="checkbox"/>		32. CITY, TOWN, OR LOCATION: <u>Lake N. Indiana</u> STATE: <u>Indiana</u>	
33. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>3-19-92</u> and last saw him on <u>3-19-92</u> . Death occurred at <u>8:30 P.M.</u> (C.S.T.) on the date stated above, and to the best of my knowledge, from the causes stated.		34. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at <u>8:30 P.M.</u> (C.S.T.) from causes stated and on above date.	
35. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER: <u>Prof. P. L. [Signature]</u>		36. ADDRESS: <u>504 Q Ave</u>	
37. NAME OF CEMETERY OR CREMATORY: <u>Burial</u>		38. DATE BURIED: <u>3/22/92</u>	
39. SIGNATURE OF LOCAL HEALTH OFFICER: <u>[Signature]</u>		40. SIGNATURE OF VITAL RECORDS OFFICER: <u>[Signature]</u>	



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Victor Majewski, Jr.



4/33

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the Lake County Recorder!**

STOP



CERTIFIED BY:

Heather E. Johnson

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAR 2 1082