

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

Below for State Office Use

A _____
B _____
C _____

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

C. E. Jankowski, M.D.
HAMMOND HEALTH COMMISSIONER

DATE ISSUED

Key # 30-608-41
Roxana Park 5th Add
N. 34th 414 + 800

Funeral Director's License No. **5530**
E. J. Lesniak
Lic. No. **5530**

92013582

Local No. **655**

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

State No. _____

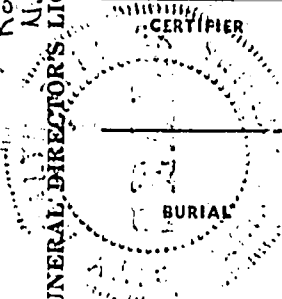
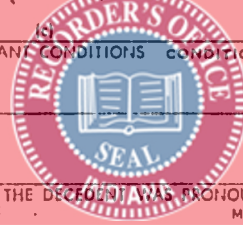
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Marie		Agnes	SUCHECKI	Female	3. Aug. 3, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGI	LAST BIRTHDAY (YEAR)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 34	5b.	5c.	Nov. 6, 1933		7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YRS OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Hammond		7c. Yes		7d. St. Margaret Hospital				
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Indiana		9. U.S.A.		10. Married		11. Edward S. Shecki		
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. Indiana		13. 315-30-9181		13a. Machine operator		13b. Book Birkary 5		
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YRS OR NO)		
14a. Indiana		14b. Lake		14c. East Chicago		14d. Yes		
STREET AND NUMBER		CITY, TOWN OR LOCATION		TOWNSHIP		IS RESIDENCE ON A FARM?		
14i. 5529 Walsh Ave.		14j. North		14k. No		14l. No		
FATHER—NAME		MIDDLE		LAST		MOTHER—MAIDEN NAME		
15. Dominic		Vicari		Marie		16. Marie		
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Edward Suckecki		17b. Husband		7c. 5529 Walsh Av. E. Chgo. Ind. 46312				
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) <i>Cerebral hemorrhage</i>				18b. 1 month		
18a. (b) <i>Arteriosclerosis, Grade II</i>		DUE TO, OR AS A CONSEQUENCE OF:				18c. 6 years		
18b. (c) <i>Arteriosclerosis, Grade II</i>		DUE TO, OR AS A CONSEQUENCE OF:						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY (YES OR NO)		
19a. <i>None</i>		19b. <i>None</i>				19c. <i>None</i>		
DEATH OCCURRED (HOUR)		THE DECEASED WAS PRONOUNCED DEAD (MONTH)			DATE SIGNED (MONTH, DAY, YEAR)			
20a. 12:55 A.M.		20b. 8			20c. 8/5/68			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE				(DEGREE OR TITLE)		
22a. Tom Chael M.D.		22b. <i>Tom Chael M.D.</i>				22c. M.D.		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23. 7905 Calumet Ave.		23a. Munster,		23b. Indiana		23c. 46321		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		
24a. Burial		24b. Holy Cross Cemetery		24c. Calumet City, Ill.		24d. 160		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24e. 8/6/68		24f. Lesniak Funeral Home, 4913 Magoun, East Chicago, Ind. 46312						
FUNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER:				
25a. <i>Benjamin J. Lesniak</i>		25b. <i>C. E. Jankowski</i>		25c. AUG 5 1968				

FILED

MAR 5 1992

Anna N. Lesniak
AUDITOR LAKE COUNTY



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