

INDIANA STATE BOARD OF HEALTH

THIS CERTIFICATE THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 1005 92041007

CERTIFICATE OF DEATH

DEC 10 1991 Date Issued Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Charles C. Marince), SEX (Male), TIME OF DEATH (9:10 A.M.), DATE OF DEATH (December 9, 1991), SOCIAL SECURITY NUMBER (312-10-7874), AGE (83), DATE OF BIRTH (January 18, 1908), BIRTHPLACE (Pittsburgh, Penn.), PLACE OF DEATH (Hammond, Ind.), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Helen Stiscak), OCCUPATION (Pattern Maker), RESIDENCE (6926 Olcott Avenue, Hammond, Ind.), FATHERS NAME (Michael Marince), MOTHERS NAME (Katie Korenic), INFORMANTS NAME (Helen Marince), MAILING ADDRESS (6926 Olcott Ave., Hammond, Ind.), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (St. John Cemetery), EMBALMERS NAME (Charles W. Wells), SIGNATURE OF FUNERAL DIRECTOR (Anthony Solan), LICENSE NUMBER (FDE 1051840), FUNERAL HOME (SOLAN FUNERAL HOME INC.), IMMEDIATE CAUSE OF DEATH (Heart Failure), PART II (Other significant conditions), CERTIFIER (David Ashbach, M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (David Ashbach, M.D.), HEALTH OFFICERS SIGNATURE (Franklin D. Remuda, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

#36-420-12A
Wardman #11
L. 11' R. 12 all Rts 13+14 R. 40



FILED

JUN 25 1992

Approximate Interval Between Onset and Death
18 mo
18 mo

01757

600