

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.

FEB 11 1985

Date Issued

EMBALMER'S NAME Keith D. Anthony

FUNERAL DIRECTOR'S SIGNATURE *Keith D. Anthony*

LICENSE No. 1191

FUNERAL DIRECTOR'S LICENSE No. 2269

FUNERAL HOME No. 283

93028987

Local No. 136

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. Leonard F. Klemm		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 2-9-85
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yr) 70	UNDER 1 YEAR MOSE DAYS HOURS MINS DATE OF BIRTH (Mo., Day, Yr) Dec. 1, 1914	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 7c. St. Margaret Hospital	IF HOSP OR INST. Indicate DOA (Dwelling, Am., Institution) (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Lottie Boyda
SOCIAL SECURITY NUMBER 13. 312-10-5167	USUAL OCCUPATION (One kind of occupation during most of working life) 14a. Mail Carrier	KIND OF BUSINESS OR INDUSTRY 14b. US Postal Service	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	IS RESIDENCE ON A FARM? 16. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 4417 Johnson Avenue	INSIDE CITY LIMITS (SPECIFY YES OR NO) 16i. Yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME (FIRST MIDDLE LAST) 17. Fred Klemm	MOTHER—NAME (FIRST MIDDLE LAST) 18. Emma Ohlendorf		
INFORMANT—NAME (Type or print) 19a. Lottie Klemm	RELATIONSHIP 19b. Wife	MAILING ADDRESS (STREET OR R.F.D. NO.) 19c. 4417 Johnson Avenue, Hammond, Indiana 46327	CITY OR TOWN STATE ZIP Hammond, Indiana 46327
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19d. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19e. Elmwood Cemetery	LOCATION 19f. Hammond, Indiana	
DATE (MONTH, DAY, YEAR) 20a. February 13, 1985	FUNERAL HOME—NAME AND ADDRESS 20b. Anthony & Dziadowicz Funeral Home	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 4404 Cameron Avenue Hammond, Indiana 46327	
To the best of my knowledge, death occurred at the place, date, and time stated on this certificate. 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr) 21b. 2-10-85	HOUR OF DEATH 21c. 5:25 p.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. M. Floyd, M.D.		STATE OF INDIANA FILED FOR RECORD FEB 11 1985 12 06 P	
MAILING ADDRESS—PHYSICIAN 21e. 5454 Hohman Avenue, Hammond, Indiana 46320		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. FEB 11 1985	
HEALTH OFFICER—(Signature) 22a. <i>Franklin Hernandez M.D.</i>			
IMMEDIATE CAUSE 23. CARDIAC ARREST		Interval between onset and death 3 MIN	
(a) DUE TO OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION		Interval between onset and death 1 WEEK	
(b) DUE TO OR AS A CONSEQUENCE OF CORONARY ARTEROSCLEROSIS		Interval between onset and death YEARS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causing event in PART I (a) 24. 00310		AUTOPSY (Specify Yes or No) 1x0 600	

35-521-6, Rolling mill add. S. 2. R 7 Bl. 1
R. 8 Bl. 1 5/6/93 JH