

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

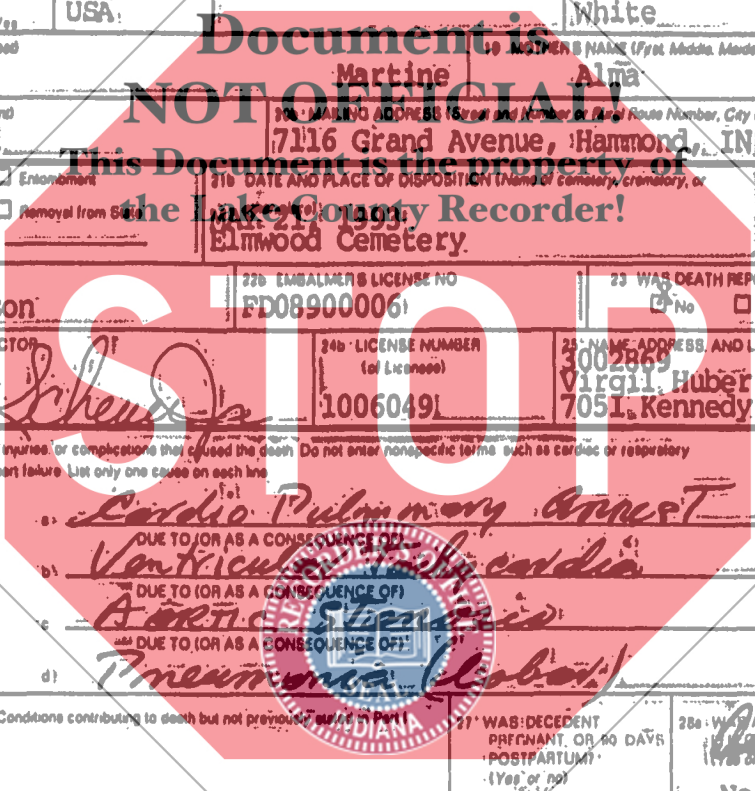
NAY 26 1993 Date 1993 Hammond Health Commissioner

Local No. 4128

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED-NAME (Ethel E. West), 2 SEX (Female), 3a TIME OF DEATH (4:15A.M.), 3b DATE OF DEATH (May 18, 1993), 4 SOCIAL SECURITY NUMBER (307-01-0250), 5a AGE (80), 5b UNDER 1 YEAR (Months/Days), 5c UNDER 1 DAY (Hours/Minutes), 6 DATE OF BIRTH (MAR 16, 1913), 7 BIRTHPLACE (Chicago, Illinois), 8a WAS DECEDENT A US VETERAN? (No), 8b YEAR LAST SERVED IN US ARMED FORCES? (N/A), 8c PLACE OF DEATH (Hospital/Inpatient), 9a FACILITY NAME (St. Margaret Mercy Hospital), 9b CITY/TOWN OR LOCATION OF DEATH (Hammond), 9c COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Francis J. West), 12a DECEDENT'S USUAL OCCUPATION (Homemaker), 12b KIND OF BUSINESS/INDUSTRY (Home), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY/TOWN OR LOCATION (Hammond), 13d STREET AND NUMBER (7116 Grand Avenue), 13e ZIP CODE (46323), 14 CITIZEN OF WHAT COUNTRY (USA), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 PRECEDENT'S EDUCATION (8), 18 FATHER'S NAME (John), 19 MOTHER'S NAME (Martine Alma Steinstrom), 20a INFORMANT'S NAME (Francis J. West), 20b ADDRESS (7116 Grand Avenue, Hammond, IN 46323), 20c RELATIONSHIP (Husband), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (May 21, 1993, Elmwood Cemetery), 21c LOCATION (Hammond, Indiana), 22a EMBALMER'S NAME (George J. Johnson), 22b EMBALMER'S LICENSE NO (FD08900006), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (Franklin J. Oremud), 24b LICENSE NUMBER (1006049), 24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Virgil Huber Funeral Home, 7051 Kennedy, Hammond, IN 46323), 25 PART I: IMMEDIATE CAUSE (Cardio Pulmonary Arrest, Ventricular Fibrillation, Aortic Stenosis, Pneumonia (lobar)), 25 PART II: Other significant conditions, 26a CERTIFIER (Murray Stasick), 26b MEDICAL LICENSE NO (16030), 26c DATE SIGNED (May 20, 1993), 27 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Murray Stasick, 7330 Indianapolis Blvd., Hammond, Indiana 46324), 28 HEALTH OFFICER'S SIGNATURE (Franklin J. Oremud), 28 DATE FILED (May 20, 1993), 29 MANNER OF DEATH (Natural), 30 DATE OF INJURY, 30a TIME OF INJURY, 30b INJURY AT WORK?, 30c DESCRIBE HOW INJURY OCCURRED, 31 PLACE OF INJURY, 31 LOCATION, 32 DATE PRONOUNCED DEAD, 32 MOTOR VEHICLE ACCIDENT? (No)



FILED NOV 30 1993

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Handwritten notes: 26-34-291-3, 24 pages, Hammond Park Sub, Vol. 1-3 Bl. 4

Handwritten notes: JAMES F. SULLIVAN, 641 West LAKE ST, Chicago, Ill. 60601, 0250-A