

Douglas Park Manor lot 15 & NW 1/4 lot 10 of lot 16, Block 8 Key # 33-21-15, Unit #26

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

Local No. 66 **94027347**

**CERTIFICATE OF DEATH**

Jan 24 1991  
Date Issued: Jan 24 1991  
Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

tax mailing address

DISPOSITION

CAUSE OF DEATH

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>John Kruk</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>7:40 p.m.</b>		3b DATE OF DEATH (Month Day Year) <b>January 21, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>313-07-4814</b>		5a AGE—Last Birthday (Years) <b>75</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) <b>Feb. 22, 1915</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>St. Margaret Hospital</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If not give maiden name) <b>Julia Dziuk</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Sticker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Steel</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>3727 Henry Avenue</b>	
13e ZIP CODE <b>46327</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (13 or 16+)					
18 FATHER'S NAME (First Middle Last) <b>Antoni Kruk</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Theresa Micrzza</b>			
20a INFORMANT'S NAME (Type/Print) <b>Julia Kruk</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3727 Henry Ave, Hammond, IN 46327</b>		20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>January 24, 1991 Chapel Lawn Memorial Gardens</b>				21c LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a EMBALMER'S NAME <b>Larry D. Anthony</b>		22b EMBALMER'S LICENSE NO. <b>01001447</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>		24b LICENSE NUMBER (of Licensee) <b>01011911</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. 83002916 4404 Cameron Ave, Hammond, IN 46327</b>			
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter: non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>HEPATIC COMA</b> <b>DAYS</b>							
b. <b>HEPATIC METASTASES</b> <b>WEEKS</b>							
c. <b>COLON ADENOCARCINOMA</b> <b>MONTHS</b>							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Charles L. Foreit D.O.</i>				29c MEDICAL LICENSE NO. <b>209</b>		29d DATE SIGNED (Month Day, Year) <b>January 22, 1991</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>C. E. Foreit, D.O. 3831 Hohman Avenue, Hammond, Indiana 46327</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda M.D.</i>						32 DATE FILED (Month Day, Year) <b>JAN 24 1991</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day, Year)		34b TIME OF INJURY		34c INJURY (Yes or No)	
						34d DESCRIBE HOW INJURY OCCURRED <b>FILED</b>	
		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>APR 12 1994</b>			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>Charles R. Antonio</i>					