SS# we need to p	TATE: Disclosure of the ursue our responsibilities nere will be no penalty for	INDIANA S	TATE DEPA	ARTMENT OF	HEALTH	
Local No						
TYPE/PRINT IN	DECEASED-NAME (First Middle La Walter		Dudzik	z sex Male	13. TIME OF DEATH	36 DATE OF DEATH (Month Day 11) 04-09-94
PERMANENT BLACK INK	4 *SOCIAL SECURITY NUMBER 355-10-3728	5# AGE—Last Birthday (Years) 7 5	5b UNDER 1 YEAR Months Days	Sc UNDER 1 DAY 6 DAT	E OF BIRTH (Mo Day, Yr)	BIRTHPLACE (City and State or Foreign Country) Illinois
)	A US VETERAN?	AR LAST SERVED IN S ARMED FORCES? None	HOSPITAL COmpanie		CE OF DEATH (Check only one 5 OTHER Nursing Home Residence	
DECEDENT	(Specify) (II Married H	ital - So IRVIVING SPOUSE wide give maiden name) elen T. P	uthlake ielnik	9c CITY TOWN Merr 2. DECEDENT S USUAL OCC Jone during most of workin Steel Worl	OR LOCATION OF DEATH - 1 1 1 v 1 1 1 e CUPATION (Give kind of work guile Do not use retired)	9d COUNTY OF DEATH On kp 12b kind of Business/noustry LTV Steel
	l 1 1	Lake	Merrill	ville	7227 Pol1	
	46410 13g ON A FARM?	WHAT COUNTRY	15 WAS DECEDENT OF NO CONTROL	e (if yes specify Cuben	6 RACE—American Indian. Back White etc (Sec. My) Will 1 C	(Specify only intrest grade completed) Elementaly begondary (Callege (1-4 or 5 +)
PARENTS	18 FATHERS NAME (First Middle Last) Frank Dudzik		Docur	nen 19 MOTHERS	NAME (First Middle Maiden Sa	N/A
INFORMANT	20e :NFORMANT 5 NAME (Type/Print) Helen T. Pie	lník NC	722	7 Polyast.	Merrillvil	
	83 Burial ☐ Cremetion ☐ R. ☐ Doneron ☐ Other (Specify)	ntombrent 115 DC	ether place) 0 Holy Cr	or disposition of 4-12-94 Auon oss Cemeter	y was county	Calumet City, IL.
DISPOSITION	David Semplins		FD08600	686	23 WAS DEATH REPORTE	
ear th	CO. WATCHE OF THIS ALL GARCIO	rabeli	=- (,		DCTTTHO A TOH	& Wiatrolik FH300445
CAUSE OF		es or complications that can white List party one cause or Celebrate August 1988		r nonspecific terms, such as car LOCA RECE PHILOVOLLU	diacorresonatory Allett Alicedizeae	Approximate Interval Between Onset and Deeth
OEATH OLEYA	Corporate of the state of the s					
CARCA -	PART H Other significant condumes. Cond Addining	none contributing to death to AUSTRA	and not previously stated in CNEUNGY:		OR 90 DAYS PERFORME (Yes or no)	D7 AVAILABLE PRIOR TO
7-40	(Check anly Defaulth ane) CORONE	OFFICER On the basis of R On the basis of examin	examination and/or investi	gation in my opinion, death occur		nd due to the cause(s) as stated o the cause(s) and manner as stated
CERTIFIER 2	296 SIGNATURE AND TITLE OF CERTIFIE		OTER	, M.D.	290 MEDICAL LICENSE N	29d DATE SIGNED (Month Day, Year)
#	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Chua 8684 Connectiful Mercillville. IN 769-2340					
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNATURE	lepander	D. Yvill	eng M.D.	- 1	April 14, 1994
	33 MANNER OF DEATH	'34a. DATE OF INJUR (Month. Day, Yea		34É INJURY AT WORK (Yes or no)	7 34d DESCRIBE HOW	INJURY OCCURRED

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Could not be Determined

34g DATE PRONOUNCED DEAD (Month Day, Year)

34e PLACE OF INJURY—At home farm street factory office building etc (Specify)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger pedestrian, etc.

34f LOCATION (Street and Number or Rural Route Number, City or Town State)

01185