

Atty. Leonard Holajter, 9006 Indianaapolis 46322

**INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH**

State No. _____

Local No. 83

**TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD**

Below for State Office Use

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

Grandmother's name

JAN 31 1979
Date issued

Hammond Health Commissioner

*Forwarded by 7th Add
to Munster Bl. 1
lot # 11
Key # 28 + 31B - 11
Unit # 18*

Disposition Form

Provisional Certificate

Yes No

FUNERAL HOME No. 151

FUNERAL DIRECTOR'S LICENSE No. 8

EMBALMER'S NAME Wroblewski

FUNERAL DIRECTOR'S SIGNATURE Jones

DECEASED—NAME 1. HELEN F. YAFFE		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) January 19, 1979
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Year, Mo, Day) 5a. 65	UNDER 1 YEAR 5b. HOURS 5c. DAYS	DATE OF BIRTH (Mo, Day, Yr.) 6. 2-22-1913
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7c. St. Margarets Hospital	IF HOSP. OR INST. (Specify Inst. or Other, St., Address, City, State) 7d. Emer. Rm.
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Max Yaffe
SOCIAL SECURITY NUMBER 13. 306-10-0284	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. -	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Munster	
STREET AND NUMBER 15d. 1838 Tulip Lane		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IS THE CITY SPECIALLY INCORPORATED? 15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. John Runko		MOTHER—MAIDEN NAME 17. Antonia Traven	
INFORMANT—NAME (Name or title) 18a. Max Yaffe (Husband)		MAILING ADDRESS 18b. 1838 Tulip Lane Munster, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Elmwood Cemetery	
DATE (MONTH, DAY, YEAR) 20a. January 22, 1979		LOCATION 19c. Hammond, Indiana	
DATE (MONTH, DAY, YEAR) 20a. January 22, 1979		FUNERAL HOME—(Name and address) 20b. FIFE FUNERAL HOME: 4201 Indpls. Blvd. E. Chicago, Ind.	
To be Completed by CORONER ONLY 21a. Signature <u>Albert T. Wyllardo, MD</u> NAME AND ADDRESS OF CERTIFIER (Name or Title) 21b. Albert T. Wyllardo, M.D. 2293 N. Main St. Crown Point, Ind. 46337		DATE SIGNED (Mo., Day, Yr.) 21b. 1/31/79	HOUR OF DEATH 21c. AT 6:30 a.m.
HEALTH OFFICER'S SIGNATURE 22a. <u>Rembert</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JAN 31 1979	PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON January 19, 1979
CAUSE 23. IMMEDIATE CAUSE (GIVEN ONLY ONE CAUSE FOR PART 23a AND 23b) PART 1 a. Vascular collapse due b. to arteriosclerotic heart c. and vascular disease		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON January 19, 1979	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART 1)		24. No	
ACC. INJURY, HON. DISEASE, OR FEVER (Specify) 25a. NATURAL	DATE OF SLUARY (Mo., Day, Yr.) 25b.	HOUR OF SLUARY 25c.	RECORD HOW SLUARY OCCURRED 25d.
SLUARY AT WORK (Specify Yes or No) 25e.	PLACE OF SLUARY—(At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	CITY OR TOWN STATE

FILED
 1-19-79
 SAMUEL RICH
 CLERK
 SAMUEL RICH
 CLERK
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 56838
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