INDIANA STATE DEPARTMENT OF HEALTH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

93-035434

Local No. 785

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERVICES ARE CONFIDENTIAL PER IC 16-1-13-3

99081022

99 OCT -1 AM 10:18

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last, Suffix): Martin P. Piszczek Jr.

2 SEX: Male

3a TIME OF DEATH: 5:10 PM

3b DATE OF DEATH (Month Day Yr): September 21, 1993

4 SOCIAL SECURITY NUMBER: 342-40-5809

5a AGE—Last Birthday (Years): 36

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo Day Yr): March 27, 1957

7 BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana

8a WAS DECEDENT A U.S. VETERAN? No

8b YEAR LAST SERVED IN U.S. ARMED FORCES? --

8c PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Healthcare

9c CITY, TOWN OR LOCATION OF DEATH: Hammond

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Dana Long

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): General Foreman

12b KIND OF BUSINESS/INDUSTRY: American Steel Foundries

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Hammond

13d STREET AND NUMBER: 7546 Bertram

13e ZIP CODE: 46324

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc. (Specify): White

17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 1

PARENTS

18 FATHER'S NAME (First, Middle, Last): Martin E. Piszczek

19 MOTHER'S NAME (First, Middle, Maiden Surname): Virginia Karabin

INFORMANT

20a INFORMANT'S NAME (Type/Print): Dana Piszczek

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7546 Bertram Hammond, IN 46324

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Sept. 25, 1993 Holy Cross Cemetery

21c LOCATION—City or Town, State: Calumet City, IL

22a EMBALMER'S NAME: William D. Smith

22b EMBALMER'S LICENSE NO: 09000049

23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: William D. Smith

24b LICENSE NUMBER (of Licensee): 09000049

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Baran & Son FHD #8300720 1235-119th ST, Whiting, IN for Elmwood Chapel Chicago, IL

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Cardiogenic Shock — Approximate Interval Between Onset and Death: Minutes
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute Pulmonary edema — Minutes
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Ventricular tachycardia

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no):

28a WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated
☐ 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
☐ 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: [signature] M.D.

29c MEDICAL LICENSE NO: 01027640

29d DATE SIGNED (Month Day Year): September 23, 1993

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Lawrence W. Bernstein M.D., 5500 Hohman Ave., Hammond, In., 46320

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.

32 DATE FILED (Month Day Year): September 24, 1993

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY (Month Day Year):

34b TIME OF INJURY:

34c INJURY AT WORK? (Yes or no):

34d DESCRIBE HOW INJURY OCCURRED:

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):

34g DATE PRONOUNCED DEAD (Month Day Year):

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

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER-PD1

FILED

OCT 01 1999 000039

PETER BENJAMIN
LAKE COUNTY AUDITOR

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

SEP 24 1999

STATE REGISTRAR

9.00 E.P.

Not valid unless machine signed with multi-colored ribbon.
It is unlawful to reproduce this record.

CERTIFICATE
State Form 26217 (R/2-92)

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