STATE OF INDIANA

INDIANA STATE DEPARTMENT OF HEALTH OD

Local No	Q.7.8		20		SERTIFICA	11L OI (以中州北京。	i		F 140	• • • • • • • • • •	*************
				CONFIDENTIAL P	R IC 16-37-1-10		12.40		3a. TIME OF DE			
TYPE/PRINT	T DECEASED—NAME (First Middle, Last) SALVADOR			R RIVER		z sex Male			. 1	ATE OF DEATH (A		
IN	4. *SOCIAL SECURITY			AGE-Last Birthday	56 UNDER I YE	AR Sc UNDE	IN 8 DA		5:00 A		vember	22, 1999 State or Foreign Country)
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	No	n/a 🗆 🗆 ER/C			R/Outpatient	utpatient DOA Residence						
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	Married		Miriam Naza		ario		Steelwor				Inland Steel Company	
	13a RESIDENCE-STA	ATE	13b. COU	INTY	13c CITY, TOWN, C	RLOCATION		13d	STREET AND N			
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				ela n	205 MAG	NC ADDRESS (SA					Zin Code) 20a	Relationship
INFORMANT	20e. INFORMANTS NAME (Type/Print) Miriam Rivera					20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town State. Zip Code) 3933 Grace Street, East Chicago, IN 46312						Wife
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