Local No	7338-93			CERTIFICAT	L OI DEATI	ı	State N	lo	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •
	THE RECORDS IN THIS SE			R IC 16-1-19-3			·			
TYPE/PRINT	1 DECEASED—NAME (First M			Dr. Over	2. SEX		30 TIME OF DEATH	1	ATH (Month Day, Yr)	
IN	ROBI		Α.	PRONZE	Mal		4:20 P _M	Septemb	er 15, 1	
PERMANENT	4 SOCIAL SECURITY NUMBER		5a AGE—Last Birthday (Years)	55 UNDER 1 YEAR Months Days	5c UNDER 1 DAY 6					•
BLACK INK	316-09-1247		73		M		1, 1920	Detroit,	Michiga	an
	a WAS DECEDENT 8b YEAR LAST SERVER A U.S VETERAN? U.S. ARMED FORCE						PLACE OF DEATH (Check only one See instructions)			
	Yes 1946		HOSPITAL Inpetient DOA		OTHER Nursing Home		Other (Specify)			
	9b FACILITY NAME (If not institut			⊥ ∟ ER/C		OWN ORLOC	ATION OF DEATH	9d COUNTY OF	DEATH	
DECEDENT	2740 Decatur S				***	e Stat		Lake		
₹	10 MARITAL STATUS 11. SURVIVING SPOUSE							12b. KIND OF BUSINESS/INDUSTRY		
三 二至	(Specify) -i=i=i	(# w	ife, give maiden name)		12s DECEDENT'S USUAL done during most of w		not use retired)			
NDIANA VILLY ORG	Married 134 RESIDENCE STATE	Anna		,	Assemble		Bd. STREET AND NUM	Budd Co	ompany	
	Indiana	Lak		13c. CITY, TOWN OR I		'		catur Str		
0				Lake Stat		1				
Little I	130 ZIP CODÉ 131 INSIDE CIT	Y LIMITS ▼Yes	14 CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT	OF HISPANIC ORIGIN? es (If yes, specify Cube	n Black	-American Indian. White, etc.		DENT'S EDUCATION TO THE PROPERTY OF THE PROPER	
143	13g ON A FAR		1 /	Mexican, Puerto Ri		(Spec	r'y)	Elementary/Secondary	(0-12) College	(1-4 or 5 +)
ばし 二	46405 XXNo C] Yes	U.S.A.	NIOT		Whi	te	12		
PARENTS II	18 FATHERS NAME (First Middle			1401	19 MOTI	HER'S NAME (First Middle, Maiden Sui	rname)		
· Andrio mag	Paul Pronze		TIME	is Decree	Su	zanna	Mizerak	4		
INFORMANT	20s INFORMANT'S NAME (Type)	(Print)	/ A 11	206 MAILING	ADDRESS (Siles and Nun	noer or Rural R	oute Number, City or To	wn. State. Zip Code)	20c. Relationship)
IIII OIIWAIII	Anna S. Pronze	2		2710 I	ecatur St.,	Lake	Station,	IN 46405	Wife	
	218 METHOD OF DISPOSITION		ombment	216 DATE AND PLACE	OF DISPOSITION (Name of	of cometery, cre	emetory, or 21	c. LOCATION-City	or Town. State	
	XX Buriel	☐ Rei	moval from State	other place) S	eptember 18	, 1993				
	Donation Other (Spec			St. Mary R	ussian Orth	odox C	emetery	Gary, I	ndiana	
DISPOSITION (EMBALMER'S NAME.			22b EMBALMERS	LICENSE NO	23	WAS DEATH REPORTE	D TO CORONER?		
	Charles W. Wel	lls		1042			□ No XX Yes			
•	SIGNATURE OF FUNERAL D			24b I	CENSE NUMBER	25 NAME.	ADDRESS, AND LICEN	SE NUMBER OF FUN	ERAL HOME	
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