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EMBALMER'S NAME Michael Mysling LICENSE No. 2141  
 FUNERAL DIRECTOR'S SIGNATURE Michael Mysling FUNERAL DIRECTOR'S LICENSE No. 599  
 FUNERAL HOME No. 161

Local No. 431

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

#30-611-31

State No.

DECEASED—NAME <b>MARY</b>		AGE—Last Birthday <b>58</b>		SEX <b>FEMALE</b>		DATE OF DEATH <b>10-18-84</b>	
RACE <b>WHITE</b>		CITY, TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>		COUNTY OF DEATH <b>LAKE</b>		STATE <b>IND</b>	
CITY, TOWN OR LOCATION OF BIRTH <b>EAST CHICAGO</b>		CITIZEN OF USUAL COUNTRY <b>U.S.A.</b>		MARRIED OR OTHER INSTITUTION—Name of institution <b>MARRIED</b>		MARRIAGE LICENSE <b>NO</b>	
STATE OF BIRTH <b>INDIANA</b>		COUNTY <b>LAKE</b>		USUAL OCCUPATION <b>HOUSEWIFE</b>		INDUSTRY OR BUSINESS OR INDUSTRY <b>51</b>	
SOCIAL SECURITY NUMBER <b>316-24-8359</b>		STREET AND NUMBER <b>534 WALSH AVE</b>		CITY, TOWN OR LOCATION <b>EAST CHICAGO</b>		RESIDENCE ON A FARM <b>NO</b>	
IS DECEASED OF SPANISH DESCENT? YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>		FATHER—NAME <b>PETER KOLODZIEC</b>		MOTHER—MARRIAGE NAME <b>KATHERINE MUGERBA</b>		MARRIAGE LICENSE <b>NO</b>	
RELATIONSHIP <b>HUSBAND</b>		MARRIAGE ADDRESS <b>534 WALSH AVE</b>		CITY OR TOWN <b>EAST CHICAGO</b>		STATE <b>IND</b>	
MARRIAGE ADDRESS <b>534 WALSH AVE</b>		CITY OR TOWN <b>EAST CHICAGO</b>		STATE <b>IND</b>		ZIP CODE <b>46312</b>	
DATE <b>10-29-84</b>		FURNACE NO. AND ADDRESS <b>HOLLY R. ROSS</b>		DATE BURIED <b>11/19/84</b>		MORSE NO. AND ADDRESS <b>1101 WY ELLERBACH BLVD</b>	
MORSE NO. AND ADDRESS <b>1101 WY ELLERBACH BLVD</b>		DATE BURIED <b>11/19/84</b>		MORSE NO. AND ADDRESS <b>1101 WY ELLERBACH BLVD</b>		DATE BURIED <b>11/19/84</b>	
NAME OF ATTRIBUTING PHYSICIAN <b>FRANK A. BEVELINE M.D.</b>		ADDRESS <b>4212 Myrtle Ave Chicago Ill</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>10-19-84</b>		SIGNATURE OF PHYSICIAN <b>FRANK A. BEVELINE</b>	
NAME OF FUNERAL HOME <b>Michael Mysling</b>		ADDRESS <b>LAKE COUNTY AUDITOR</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>10-19-84</b>		SIGNATURE OF FUNERAL DIRECTOR <b>PETER BENJAMIN</b>	
CAUSE <b>HEART DISEASE</b>		MANNER OF DEATH <b>NATURAL</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>10-19-84</b>		SIGNATURE OF LOCAL HEALTH OFFICE <b>24x</b>	

SBH 06-03 State Form 35430  
REV. 10/77

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