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- Z _____

OCT 7 1985

JAMES F. BURNS

EMBALMER'S NAME

LICENSE No. 946

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL DIRECTOR'S
LICENSE No. 123

FUNERAL HOME
No. 244

Local No. 1890-85

TYPE OR PRINT
OR PRINT IN
PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

D.O.D.

CONDITIONS
OF DEATH
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STARTING THE
IMMEDIATE
CAUSE LAST

CAUSE

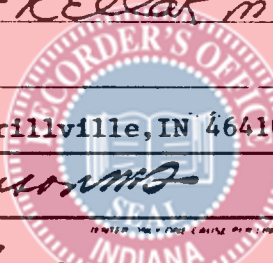
HOLD FOR MERIDIAN TITLE CORP
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

DECEASED NAME REMY LAWRENCE SNEMIS		SEX MALE	DATE OF DEATH MONTH DAY YEAR SEPT. 23, 1985
RACE WHITE	AGE 80	DATE OF BIRTH MONTH DAY YEAR JUNE 17, 1905	PLACE OF BIRTH LAKE
CITY, TOWN OR LOCATION OF DEATH CROWN POINT		HOSPITAL OR OTHER INSTITUTION 2623 KNOLL WOOD DRIVE	
STATE OF BIRTH BRAZIL	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SURVIVING SPOUSE JOSEPHINE MAZZARO
SOCIAL SECURITY NUMBER 317 18 9970		USUAL OCCUPATION FOUNDER	KIND OF BUSINESS OR INDUSTRY REMY CONSTRUCTION COMPANY
RESIDENCE STATE FLORIDA	CITY, TOWN OR LOCATION POMPANO BEACH	CITY, TOWN OR LOCATION LIGHTHOUSE POINT	IS RESIDENCE ON A FARM? NO
STREET AND NUMBER 3930 N.E. 31st AVE.		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO	IF HOSP OR INST. WHERE DOA FROM, GIVE NAME (SEE INSTRUCTIONS)
FATHER NAME ANTHONY SCACCIANEMICI	MOTHER MAIDEN NAME MARTINA PEDICENI	IF HOSP OR INST. WHERE DOA FROM, GIVE NAME (SEE INSTRUCTIONS)	
INFORMANT NAME JOSEPHINE SNEMIS	RELATIONSHIP WIFE	MARRIAGE ADDRESS 3930 N. E. 31st AVE.	CITY, TOWN OR LOCATION LIGHTHOUSE POINT
BURIAL, CREMATION, REMOVAL, OTHER BURIAL	CEMETERY OR CREMATORIUM CALUMET PARK CEMETERY	LOCATION MERRILLVILLE	STATE INDIANA
DATE SEPTEMBER 28, 1985	FUNERAL HOME NAME AND ADDRESS BURNS FUNERAL HOME, 10101 S. Broadway, Crown Point, IN	DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	
NAME OF ATTENDING PHYSICIAN DR. PHILLIP KELLER		DATE SIGNATURE Oct 2, 1985	DEATH CERTIFICATE NUMBER 172-31
MAILING ADDRESS PHYSICIAN 751 E. 81st Place, Merrillville, IN 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	
HEALTH OFFICER NAME Philip E. Keller MD		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	
IMMEDIATE CAUSE Bronchopneumonia		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	
DUE TO OR AS A CONSEQUENCE OF Metastatic Adenocarcinoma		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	
IMMEDIATE CAUSE Adenocarcinoma of Prostate		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-85	

SBH 06-003 State Form 35430
REV 10 77

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AUG 10 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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CR 2114