

Allen Jensen 19 E. 65th St New York, NY 10021

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THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

806.14.2000
Date issued
Hammond Health Commissioner

EMBALMER'S NAME: WALLACE L. OEXMANN
FUNERAL HOME SIGNATURE: Thomas J. Burns
FUNERAL HOME LICENSE No. 2380
FUNERAL HOME No. 281
LICENSE No. 26

Local No. 748

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 2000 060429 Leo		MIDDLE Leo		LAST McGrath		SEX Male	DATE OF DEATH MONTH DAY YEAR 11-5-86
RACE—(a) White, (b) Black, (c) American Indian, (d) Japanese 4. White		AGE—Last Birthday (Mo) (Da) (Yr) 78	UNDER 1 YEAR MO (Mo) (Da) (Yr)	UNDER 1 DAY HOURS (Mo) (Da) (Yr)	DATE OF BIRTH (Mo) (Da) (Yr) 5/23/1908	COUNTY OF DEATH 7c. Lake	
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond				HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7c. St. Margaret Hospital			IF HOSP OR INST (Indicate DOA, (a) Home, (b) Institution, (c) Other) 7d. Inpatient
STATE OF BIRTH (a) If not in U.S.A. (State or Country) 8. N. Dakota		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE or wife (give maiden name) 11. Helen O'Neal		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 313-07-7734		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Sales Exec.			KIND OF BUSINESS OR INDUSTRY 14b. Continental Baking. Co.		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 15a. Indiana		COUNTY 15b. Lake		CITY, TOWN OR LOCATION 15c. Hammond			
STREET AND NUMBER 16a. 6638 Jackson Avenue				IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 16c. Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME 16. Michael		MOTHER—MAIDEN NAME 17. Attracta		PARENTS 16. Michael		17. Attracta	
PARENTS 16. Michael		MOTHER—MAIDEN NAME 17. Attracta		PARENTS 16. Michael		17. Attracta	
INFORMANT—NAME (Type or Print) 18a. Helen McGrath / Wife		RELATIONSHIP 18b. / Wife		MAILING ADDRESS 18c. 6638 Jackson Ave.		CITY OR TOWN STATE ZIP 18d. Hammond, Indiana 46324	
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION 19c. Merrillville, Indiana			
DATE MONTH DAY YEAR 20a. November 8, 1986		FUNERAL HOME—NAME AND ADDRESS 20b. Burns-Kish Funeral Homes, Inc.		CITY OR TOWN STATE ZIP 20c. Hammond, Indiana			
To the best of my knowledge, death occurred at the same time and place as that on the certificate stated. 21a. (Signature) <i>R. S. Smoltz</i>		DATE SIGNED (Mo) (Da) (Yr) 21b. 11/6/86		HOUR OF DEATH 21c. 3:30 p.m.			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. R.S. Smoltz, M.D.		MAILING ADDRESS—PHYSICIAN 21e. 110 Ridge Road, Munster, Indiana 46321		HEALTH OFFICER—SIGNATURE 22. <i>Franklin J. Drenth, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22a. 7 1986	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST 23. PART I (a) CARDIOPULMONARY ARREST (b) PULMONARY EDEMA (c) HEMOLYTIC ANEMIA		PART II OTHER SIGNIFICANT CONDITIONS—(Complete contributing to death but not related to cause given in PART I)		FILED AUG 27 2000 PETER BENJAMIN LAKE COUNTY AUDITOR			

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