\*ATTE NON ESTATE: Disclosure of the \$3# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. \* 2 11 244

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

Local No3.	4	CERTIFICATE	OF	DEATH

SDH08 004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1

April 25, 2000 Frankle 950 permeter

	THE RECORDS IN T	HIS SERIES ARE	CONFIDENTIAL PE	R IC 18-37-1-10					Date 1	ssued	Hammund He	alth Commissioner	
TYPE/PRINT IN	1. DECEMBED-NAME (FIN MARIAN PASIEK	(A				a sex Ma	ale		sa. TIME OF DEATH 5:43PM	Арі	ate of death and ril 21, 2000		
PERMANENT	4. SOCIAL SECURITY NUM	BER 6	AGE - Last Birthday (Years)	Bb. UNDER 1 YEAR Months Days	Sc. UNDS	PI 1 DAY			H (Mo Day Yr)	l .	PLACE (City and State	or Foreign Country)	
BLACK INK	320-38-0661		77					2, 1922		POLA			
	84 WAS DECEDENT A U.S. VETERAN?	86. Y	EAR LAST SERVED IN S. ARMED FORCES	HOSPITAL [7]	HOSPITAL TO .				TH (Check only one.		·····		
	No	ļ	N//		•				☐ Nursing Hom	me Dither (Specify)			
	Sb. FACILITY NAME (If not institution,		/*//T [28] ER/Culpations [			90. CITY TOWN OR LOCATION OF DEATH			M. COUNTY OF DEATH				
DECEDENT	ST.MARGARET-MERCY HEALTH CARE			HAMMOND				LAKE					
	10. MARITAL STATUS (Specify) Married					DECEDENT'S USUAL OCCUPATION (Good done during most of working life. Do no DCOMOTIVE ENG.					IND OF BUSINESS IN AND STEEL		
	13a RESIDENCE - STATE			13c. CITY TOWN OR	3e. CITY TOWN OR LOCATION		1		A STREET AND NU		***		
	IN	LAKE		HAMMOND				7	229 OSBORN	AVEN	JE		
		BIDE CITY LIMITS	14. CITIZEN OF	16. WAS DECEDENT OF HISPANIC  All No  Yes (If yes a)  Mexican, Puerto Rican, etc.)				16. FACE - American Indian Block, Write, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade earro		DUCATION ade ecropisted	
	140000	No 🔼 Yee	U.S.A.			apocity Cube	specify Cubers. Bled (Spe		-				
	1	NA FARM?	U.S.A.	ATO	100	TI	NT.	AWHI		8	Nescondary (o.12)	College (1-4 or 8+)	
	18. FATHER'S NAME (Fire			$\overline{\mathbf{u}}$		10.10	THER'S		wt Middle, Malden St			1	
PARENTS	1		This D		4:0			•		,			
	PIOTR PASIEKA  STANISLAWA BRUZYC  20a. INFORMANT'S NAME (Type/Pring)  20b. MAILING ADDRESS (Street and Number or Rural Route Humber, City or Town, State, 2ip Code)  20c. Relational type  20c. Relati												
INFORMANT	1		the						ND. IN 46323			•	
	ANNA PASIEKA			1720 0							Wi		
	214 METHOD OF DISPO		ombment novel from State	21b. DATE AND PLA other place)	UE UT LITEPO	MIN) NOTH	TO COMO	негу, степ	mory of	216. LOCAT	ION - City or Town 81	-	
	☐ Buriel ☐ Cre	mation (2) Ren	noval from State	SWIETE J TRO	ICV					ZVDAK	OW. POLANI	`	
							1					<del></del>	
DISPOSITION	DAVID F. MCC			FDO87005		IQ.		20. W	IAS DEATH REPORT		ONER?		
	244 BIGNATURE OF FU	NERAL DIRECTOR	2-	246	LICENSE N	UMBER	2	S. NAME	ADDRESS AND LICE	NSE NUMBE	R OF FUNERAL HOM	E	
	1/200	20 4	13/		(of Ucensee)		/ E		EN FUNERAI			***	
	yen		HOCKE		0010420					ENUE,	HAMMOND,		
	7.	rest, shock, or hear	tallure. List only one car	coused the death. Do not use on each the cervi	THE D	IIIII	luch as ce	ardiec or h	oupli alory	,	h	proximate erval Between neet and Death DWN	
				TO (OR AS A CONSEQUENCE OF)									
CAUSE OF	resulting in death		Due to	blunt for	ce tra	iuma	<b>E</b>			/			
DEATH	Conditions If any which g	jevo	DUE	TO (OR AS A CONSECU	ENCE OF		E		7 /				
	rice to the immediate cau	164	e.	TO (OR AS A CONSEQU	ENCE OF		3		//				
	stating the underlying cause last		d 002	TO (OH AS A CONSESSO	The same of the sa	L.	7						
			a /	VQ.	/AID!\	Auri			/				
	PART II Other eignificant conditions - Conditions contributing to death but not previously stated in Part I.					PRE	PREGNANT OR 80 DAYS P			B AN AUTOPSY #ORMED? AVAILABLE PROR COMPLETION OF OF DEATH? (166		BLE PRIOR TO ETION OF CAUSE	
							u L	E	D Ye	R	Yes	· · · · · · · · · · · · · · · · · · ·	
							18 18					'	
	29a. CERTIFIER (Check only			ne best of my knowledge,									
	one)	HEALT!	H OFFICER On the bas	to of examination and/or b	westigation in	my orthord	meth geou	<sup>™d</sup> 20	00°, date, and plac	e and due to	The cause(s) as state	4	
	Deputy	Ø <u>0000</u> 0	VER On the basis of ex	emination and/or investiga	ion in my opi	nion death oc	curred at	the time, o	date, and place and o	lus to the ea	use(s) and manner as	restored.	
CERTIFIER (	286. SIGNATURE AND TITLE OF CERTIFIER				PETE	R BE		MEDICAL LICENSE NO			April 25, 2000		
	30. NAME AND LOOPE	30. HAME AND JODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM SS) (TYPO/PHIL AKE COUNTY AUDITOR										//202	
	Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307												
HEALTH OFFICER	\$1. HEALTH OFFICER'S	SIGNATURE	S)	anthing.	3/1	emi	r de	(1	M,D.		A O C !	O (Month Day Year)	
	33. MANNER OF DEAT	Н	34s. DATE OF INJU			c. INJURY A		,	34d. DESCRIBE H	OW INJURY	OCCURRED	<del></del>	
	☐ Hatural ☐ Pending Investigation		Apr 21 2000 linknown				No		Vehicle Acci		nd dant	······································	
	1 = .	Could not be	34e. PLACE OF IN: building, etc. (		et, factory, of	ice					i House Mumber Olly 6	r Town State)	
	Hornicide	Determined	Street				169th & Osborn   Hammond, India						
	349 DATE PRONOUNCE	CED DEAD MANA				A Muse see				Talld	-005(M)		
	1	1, 2000		Yes	(1995 (4) 19	1. 1. a aba	, w.nei,	_	lver		<i>-</i> ,		
	I.		ı										