

KEY 29-65-18

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 406

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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

Spencer 9-23-80
JUN 16 2000
Date Issued
Hammond Health Commissioner
864

FUNERAL HOME
No. 727
FUNERAL DIRECTOR'S
LICENSE No. 1323
EMBALMER'S NAME
David W. Ruzich
FUNERAL DIRECTOR'S
SIGNATURE
David W. Ruzich

TYPE 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
M.D. OR D.O.
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE IMMEDIATE CAUSE LAST
CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST Friedolena Sinner			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 10, 1980
4. RACE—(Ind. White, Black, American Indian, and Alaska Native) White	AGE—Last Birthday (Mo., Day) 5a. 89	UNDER 1 YEAR 6a. MONTHS 6b. DAYS	UNDER 1 DAY 7a. HOURS 7b. MINUTES	DATE OF BIRTH (Mo., Day, Year) 8. 10-15-1890
CITY, TOWN OR LOCATION OF DEATH 9a. Hammond, Indiana		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 9b. St. Margaret Hospital		10. IF HOSP. OR INST. (Indicate Bldg., Dept., or Room) 9c. Emergency Room
STATE OF BIRTH (If not in U.S.A., give country) 11. Austria	CITIZEN OF WHAT COUNTRY 12. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 13. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 14. None	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Part of Army) 16. No
SOCIAL SECURITY NUMBER 17. 314-50-5148		USUAL OCCUPATION (Give kind of work done during most of working life, even if casual) 18. Homemaker		KIND OF BUSINESS OR INDUSTRY 19. Homemaker
RESIDENCE—STATE 20. Indiana	CITY, TOWN OR LOCATION 21. Lake	STREET AND NUMBER 22. 1244 - 120th Street		23. IS RESIDENCE ON A FARM? 24. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME (FIRST MIDDLE LAST) 27. Johan Reyer		MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 28. Rosa Vonchoyer		
INFORMANT—NAME (Type or Print) 29. Esther L. Howe		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 30. 1244 - 120th Street Whiting Indiana 46394		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 31. Burial		CEMETERY OR CREMATORY—(FURNAL HOME) 32. St. Joseph Cemetery		33. LOCATION (CITY OR TOWN, STATE, ZIP) 34. Hammond, Indiana
DATE (MONTH, DAY, YEAR) 35. June 12, 1980		FUNERAL HOME—(NAME AND ADDRESS) 36. RUZICH FUNERAL HOME 2031 Indpls Blvd Whiting Indiana 46394		
20. To the best of my knowledge, death occurred at the place, date and time stated on this certificate.		DATE SIGNED (Mo., Day, Year) 37. June 11, 1980	HOUR OF DEATH 38. 11:20	
NAME OF ATTENDING PHYSICIAN (Type or Print) 39. Harry Silvian, M.D.		MAILING ADDRESS—PHYSICIAN 40. 1010 - 119th Street Whiting, Indiana 46394		
HEALTH OFFICER'S SIGNATURE <i>David W. Ruzich</i>		DATE RECEIVED BY HEALTH OFFICER 41. JUN 12 1980		
22. IMMEDIATE CAUSE (Specify only one cause per line for all the lines) PART 1 42. Acute Myocarditis		Interval between onset and death 43. 3 hrs.		
44. Admitted Anterior clausis		Interval between onset and death 45. 10 yrs		
PART 2 46. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART 1)		AUTOPSY (Specify Part of Body) 47. No		

Disposition Permit Issued / /
Provisional Certificate
 Yes No

SBH 08-003
REV. 10/77

PETER BENJAMIN
LAKE COUNTY AUDITOR - 01893

308 P.H.



Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 061598

2000 AUG 24 AM 11:20

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name ESTHER HOWE

Address POST OFFICE BOX 311

City St/Zip WHITING IN 46394

Telephone 219-937-5178

Signature Printed ESTHER HOWE

Signature Written Esther Howe

Date of Signature 8-24-2000

Check Number _____

Check Amount 10.00 Cash

Office Use Only

Check Equals Amount Due Yes No

Total

10-

Initials

EH