

Key # 11-105-7

TICOR TITLE INSURANCE
Crown Point, Indiana
9/20/80
9/20/80

STATE OF INDIANA
LAKE COUNTY
FILED
2000 SEPT 29 1983
MORRIS W. CARTER
RECORDER

2000-067923

01040

EMBALMER'S NAME Larry D. Anthony
FUNERAL DIRECTOR'S SIGNATURE
LICENSE No. 144
FUNERAL DIRECTOR'S LICENSE No. 1243

DECEASED
PARENTS
DISPOSITION
FUNERAL HOME No. 291
FUNERAL HOME LICENSE No. 1243

Local No. 494
TYPE OR PRINT IN PERMANENT RECORD FOR INSTRUCTIONS SEE HANDBOOK
U.S.A. RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION GAVE RESIDENCE BEFORE ADMISSION
FATHER'S NAME
MOTHER'S NAME
INFORMANT NAME
BURIAL, CREMATION, REMOVAL, OTHER
DATE
NAME OF ATTENDING PHYSICIAN
MAILING ADDRESS
HEALTH OFFICER
CAUSE

**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

State No. _____

1 DECEASED - NAME Ann M. Zielinski		SEX Female	DATE OF DEATH MONTH DAY YEAR 6-29-83
2 RACE White	3 AGE 70	4 UNDER 1 YEAR 5 UNDER 1 DAY	6 DATE OF BIRTH MONTH DAY YEAR 6/16/1913
7a CITY, TOWN OR LOCATION OF DEATH Hammond	7b HOSPITAL OR OTHER INSTITUTION St. Margaret Hospital	8 IF HOSP OR INST IN U.S.A. OR STATE DEPARTMENT 9 Inpatient	
9 STATE OF BIRTH Illinois	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED NEVER MARRIED Widowed OR DIVORCED Married	12 SURVIVING SPOUSE of wife give maiden name Walter Zielinski
13 SOCIAL SECURITY NUMBER 323-01-4679 B		14a USUAL OCCUPATION Homemaker	14b KIND OF BUSINESS OR INDUSTRY Own Home
15a RESIDENCE - STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION St. John	16 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17a 15d STREET AND NUMBER 8614 Jacobson Drive		17b INSIDE CITY LIMITS SPECIFY NO. OF NO. No	
18 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19 FATHER - NAME Peter Nowak		20 MOTHER - MAIDEN NAME Cecilia Stascewski	
21a INFORMANT NAME Walter Zielinski - Husband		21b RELATIONSHIP Husband	
22a MAILING ADDRESS 8614 Jacobson Drive, St. John, Indiana 46373		22b CITY OF BIRTH St. John, Indiana	
23a BURIAL, CREMATION, REMOVAL, OTHER Burial		23b CEMETERY OR CREMATORY - FUNERAL HOME Holy Cross Cemetery	
24a DATE July 2, 1983		24b LOCATION Calumet City, Illinois	
25a NAME OF ATTENDING PHYSICIAN B. Schmid, M. D.		25b 26c DATE SIGNED 30 June 83	
26a MAILING ADDRESS 7905 Calumet Avenue, Munster, Indiana 46321		26b 26d HOUR OF DEATH 8:40 p.m.	
27a HEALTH OFFICER Small bowel obstruction		27b DATE RECEIVED BY LOCAL HEALTH OFFICER JUL 1 - 1983	
28a CAUSE Adenocarcinoma involving entire small bowel mesentery		28b 28c	
29a PART Organic heart disease		29b 29c	