

62-23479 BT

INDIANA STATE BOARD OF HEALTH  
2002 REVISION OF 1994 RECORDS  
MEDICAL CERTIFICATE OF DEATH  
HOURS OF CAREER

70-02154  
SBH-153

2002 047135

State No.

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ALBERT (Kozlowski) KOSLOW Male June 16, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White AGE—LAST BIRTHDAY (YEAR) 5a. 56 UNDER 1 YEAR MOS. 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 6/19/1917 COUNTY OF DEATH 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH 7b. East Chicago INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Catherine Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana, USA CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Emilie (nee Kuter)

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER 12. 306-01-5650 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Electrician KIND OF BUSINESS OR INDUSTRY 13b. Steel Mill

RESIDENCE—STATE, COUNTY, CITY, TOWN OR LOCATION, INSIDE CITY LIMITS (SPECIFY YES OR NO), TOWNSHIP

14a. Indiana 14b. Lake 14c. East Chicago 14d. yes 14e. North

STREET AND NUMBER 14f. 5019 Olcott Ave. IS RESIDENCE ON A FARM 14g. YES  NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE LAST

15. Peter Kozlowski Josephine (nee ?)

INFORMANT—NAME 17a. Mrs. Emilie Koslow RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 5019 Olcott Av. East Chicago, Ind.

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Cerebral aneurysm Unknown (b) Special load Unknown

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER LYING CAUSE LAST (b) Special load Unknown

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY (YES OR NO) 19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

DEATH OCCURRED (HOUR) 20a. 6/16/70 THE DECEDENT WAS PRONOUNCED DEAD (MONTH) 20b. 6 YEAR 20c. 70 TIME 20d. 3:30AM DATE SIGNED (MONTH, DAY, YEAR) 20e. 6/18/70

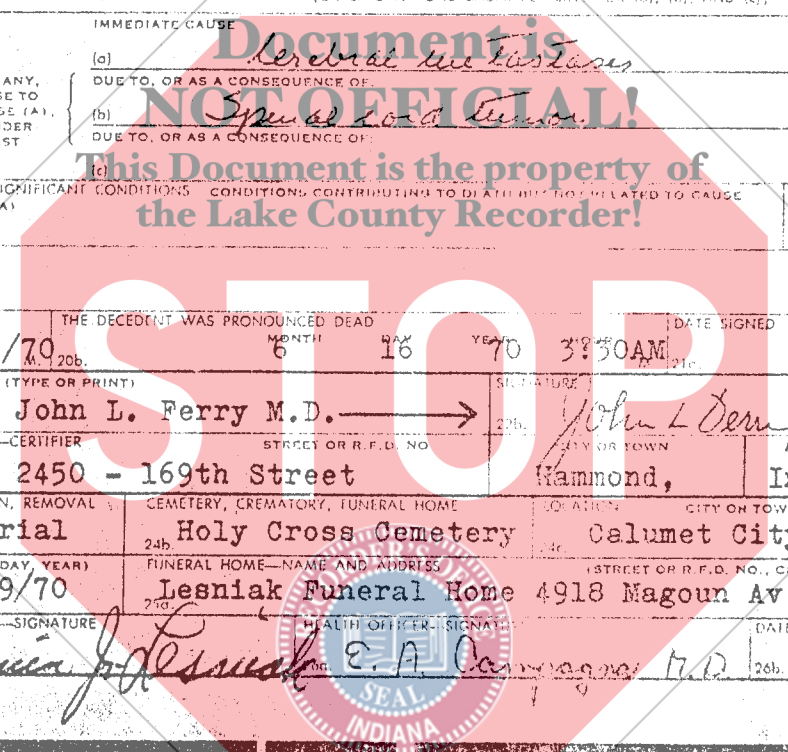
CERTIFIER CERTIFIER—NAME (TYPE OR PRINT) 22a. John L. Ferry M.D. SIGNATURE 22b. John L. Ferry (DEGREE OR TITLE)

MAILING ADDRESS—CERTIFIER 23. 2450 - 169th Street Hammond, Indiana 46320

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY, CREMATORY, FUNERAL HOME 24b. Holy Cross Cemetery LOCATION 24c. Calumet City, Illinois FUNERAL HOME NUMBER 24d. 160

DATE (MONTH, DAY, YEAR) 24e. 6/19/70 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24f. Lesniak Funeral Home 4918 Magoun Av. East Chicago, Ind. 46312

FUNERAL DIRECTOR—SIGNATURE 25a. E. A. Campagna HEALTH OFFICER—SIGNATURE 25b. DATE RECEIVED BY LOCAL HEALTH OFFICER 25c. 6-18-1970



FILED

56 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001548



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE State Form 26217 (R/2-92)

35908

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.

9. 5/1/70