

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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EMBALMER'S NAME David W. Ruzich

LICENSE No. 864

FUNERAL DIRECTOR'S SIGNATURE David W. Ruzich

FUNERAL DIRECTOR'S LICENSE No. 1323

FUNERAL HOME No. 727

Local No. 1769-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1 DECEASED NAME Helena		2 SEX G.		3 RACE White		4 AGE 58		5 BIRTH DATE Nov. 19, 1926		6 SEX Female		7 DATE OF DEATH September 19, 1985	
8 FATHER'S NAME John		9 MOTHER'S NAME Cisarik		10 MARRIAGE STATUS Married		11 HUSBAND'S NAME Valentine Walczak		12 PLACE OF BIRTH Lake		13 HOSPITAL OR OTHER INSTITUTION Our Lady of Mercy Hospital		14 IF HOSP OR INST UNDER CARE OF FEDERAL ARMY OR NAVY Impatient	
15 DECEASED TYPE OR PRINT White		16 DECEASED PERMANENT RECORD U.S.A.		17 SOCIAL SECURITY NUMBER 307-20-3221		18 USUAL OCCUPATION Homemaker		19 KIND OF BUSINESS OR INDUSTRY Own Home		20 USUAL RESIDENCE WHEN DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Indiana Lake Hammond		21 INSIDE CITY LIMITS yes	
22 RESIDENCE STATE Indiana		23 COUNTY Lake		24 CITY, TOWN OR VILLAGE Hammond		25 IS DECEASED OF SPANISH DESCENT? NO		26 IS DECEASED A VETERAN, COMBAT VETERAN, BIRMAN, ETC. NO		27 FATHER'S NAME John		28 MOTHER, MARDEN NAME Anna	
29 STREET AND NUMBER 4836 Birch Avenue		30 IS DECEASED OF SPANISH DESCENT? NO		31 FATHER'S NAME John		32 MOTHER, MARDEN NAME Anna		33 INFORMATION NAME (Last, First, Middle) Valentine Walczak - Husband		34 RELATIONSHIP Husband		35 RESIDING ADDRESS 4836 Birch Avenue Hammond, Indiana	
36 BURIAL CREMATION REMOVAL OTHER Entombment		37 NAME OF ATTENDING PHYSICIAN John Kencos, M.D.		38 DATE September 23, 1985		39 FUNERAL HOME RUZICH FUNERAL HOME 2031 Indianapolis Blvd. Whiting, IN		40 LOCATION Schererville, Indiana		41 DATE SIGNED September 20, 1985		42 HOUR OF DEATH	
43 M.D. OR D.O. John Kencos, M.D.		44 MAILING ADDRESS - PHYSICIAN 9495 Keilman Saint John, Indiana		45 HEALTH OFFICER SIGNATURE <i>David W. Ruzich</i>		46 DATE RECEIVED BY LOCAL HEALTH OFFICER 9-20-85		47 PART I CARDIOMYOPATHY		48 PART II CHRONIC RENAL INSUFFICIENCY		49 CAUSE	
50 CONDITIONS AT LAST		51 MANNER OF DEATH		52 STATE		53 COUNTY		54 CITY, TOWN OR VILLAGE		55 STATE		56 SIGNATURE OF DEATH REGISTRAR	