## Local No. 236 KUYND . 34-99-1 INDIANA STATE BOARD OF HEALTH COMPLETE COPY OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH

may 20, 2005	-28	Van	LANGE	, mo
ind wind	11	6.1 m m 1.4 lm	C	-11

		t Middle Last)									
E/PRINT	1 DECEASED-NAME (Fire	.,				2 SEX	3	B TIME OF DEA	тн зь	DATE OF DEA	TH (Month, Day, Yr)
IN	WALTER			ZWIJAC		MALE		11.15 P			2, 1991
MANENT	4. SOCIAL SECURITY NUMB	1	AGE—Last Birthday     (Years)	56 UNDER 1 YEAR			ATE OF BIRTH			HPLACE (City	and State or Foreign Countr
CK INK	327 16 0146		70	Months Days	Hours	Minutes J	une 23	, 1920			Illinois
	8a WAS DECEDENT A U.S. VETERAN?	8b. YEAR	R LAST SERVED IN					H (Check only on			
	Yes		945	HOSPITAL Inpa	itient		1	Nursing Home			
	9b. FACILITY NAME (If not institution, give street and number)			☐ ER/Outpatient ☐ DOA			XIXIX sidence				
DENT			eet and number)					ION OF DEATH	9d.	COUNTY OF	DEATH
	7046 Birch Ave.					Har	Hammond		1	Lake .	
	10. MARITAL STATUS 11. SURVIVING (If wife, give in Sara (Wa		/IVING SPOUSE e, give maiden name)	SPOUSE 12a DECED		ENT'S USUAL OCCUPATION (Give kind of work tring most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY			
	Married	Sara	(If wife, give maiden name) ara (Wandel)		Self Emplo		or working life. Do not use retired)		S	S & WService Stati	
	13a. RESIDENCE—STATE 13b. COUN		JNTY				13d. STREET AND				TVICE BEAL
	Indiana	Lake	<b>!</b>	Hamm	ond		- 1	7046 Bir		770	
	13e. ZIP CODE 13f. INSIDE	CITY LIMITS	14. CITIZEN OF	15. WAS DECEDENT	OF HISPANIC O	BIGIN?	16. RACE-A				
		XXX.Yes	WHAT COUNTRY			pecify Cuban,	Black, Wh			(Specify only i	DENT'S EDUCATION highest grade completed)
	46324 13g ON A F	- 1	III C A	Mexican, Puerto Rican, etc.)			(Specify)		Elementa	ry/Secondary (	
	XX No	☐ Yes	o.b.m.				White		12	years	2 year
TS	18. FATHER'S NAME (First, Mil					19. MOTHER	S NAME (First	. Middle, Maiden S	Surname)	0)	
	Andrew Zwi						erina	Guzy		CI	
THAN	20a. INFORMANT'S NAME (Ty	pe/Print)		20b. MAILING	ADDRESS (Stre			Number, City or 1	Town State	7000	20c. Relationship
	Sara Zwijac			7046 в	irch Av	e. Ham	mond.	Indiana	463	24	Wife
	21a. METHOD OF DISPOSITIO	N D Entom	bment	216. DATE AND PLACE	E OF DISPOSITION	N (Name of c	emetery cromet				
	□ Cremetion	Remo	val from State	other place) Ma	rch 26.	1991	omotory, creman	ory, or	IC. LUCA	TION—City or	Town, State
	☐ Donation ☐ Other (Sp	ecify)					, .				
	22a EMBALMER'S NAME			Holy Cr	oss cem	etery	· · · · · · · · · · · · · · · · · · ·				ty, Illinoi
	Charles W. W	0110	/,				<i>Y</i>	DEATH REPORT		DRONER?	
	248. SIGNATURE OF FUNERAL			104237	nen	t 15		VV.			*****
	$\wedge$ 1		D/		ICENSE NUMBER		5. NAME ADD	RESS, AND LICE	NSE NUME	BER OF PUNER	ALPHOME CO
- 1	/ )/)		11/ _ ^ _		of Licensee)						
	Unther	M>	Solun	LT (FD#	of Licensee) 105184		109 Ca	UNERAL lumet A	HOME	FH# 3 Hammon	0 <b>02893</b> d <b>1</b> 6d 4632
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	26. PART I. Enter the disk	es (es injuries, o	or complications that cause on	FD#	105184		109 Ca	lumet A	HOME Ve.,	FH# 3	d, Ind. 4632
	26. PART t. Enter the dis- arrest, shock	es (es injuries, o	or complications that cau	FD#	105184 er nonépecific ter	oIAS	109 Ca	lumet A	HOME Ve.,	FH# 3	d, 1 rid . 4632
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