INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

	THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH T	HE
	HAMMOND HEALTH DEPARTMENT	u 0
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1. DECEASED-NAME	First, Middle, Last)			2. S	EX	- 1	3a. TIME OF DEA	AIH 36. D	ATE OF DEAT		,.
WILLIA		STEFFE				IALE		2:14 PM		OVEMBE		
4. SOCIAL SECURITY NU	MBER (5a. AGELast Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDE Hours	R 1 DAY Minutes	-1	OF BIRT	H (Mo, Day, Yr)	1	PLACE (City a		•
335-10-416		79				FEB		1911		T CHIC	CAGO,	, INDI
8a. WAS DECEDENT A U.S. VETERAN?	8b. YEA U.S.	AR LAST SERVED IN ARMED FORCES?				1		TH (Check only o				
NO		_		OSPITAL: Inpatient					e L Other	Other (Specify)		
9b. FACILITY NAME (If no	t institution give s	street and number)	DXI ER/	ER/Outpatient		9c. CITY, TOWN, OR LOC		TION OF DEATH	94 (9d. COUNTY OF DEATH		
	-	HOSPITAL			50.1	HAM				<u>,</u>	7 _E	
10. MARITAL STATUS		RVIVING SPOUSE		129 DECEDI	ENT'S LIS				t 125 K	IND OF BUSIN	LECS (IND	LISTRY
(Specify)	(If w	vite, give maiden name) ERONICA MIN	12a. DECEDE done dur		ENT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)			12b. KIND OF BUSINESS/INDUSTRY				
MARRIED		 			OPERATOR			STREET AND N	OIL REFINERY			Ĺ
	RESIDENCE—STATE 13b. COUNTY		13c. CITY, TOWN, OR LOCATION		130		130			- The state of the		
INDIANA		LAKE	HAM		0010110				TOWLE	AVENO		
13e. ZIP CODE 13f. INS	IDE CITY LIMITS No ⊠Yes	14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT	OF HISPANIC Yes (If yes				-American Indian, White, etc.		17. DECEL (Specify only)		
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	No 🖸 Yes	USA	1				VHIT	Œ	1	11 6	ا ر	
18. FATHER'S NAME (Firs					19. M			rst, Middle, Maide	n Surname)			
LAWRENCE	STEFFEL				l N	1ARY	WES	SERLEY				
20s. INFORMANT'S NAM			20b. MAILIN	G ADDRESS (5					or Town, State	, Zip Code)	20c. Re	lationship
VERONICA		ετ .	1	20b. MAILING ADDRESS (Street and 3916 TOWLE AVE)							ļ	VIFE
21a. METHOD OF DISPOS		tombment	21b. DATE AND PLACE						_	FION—City	<u> </u>	
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22a. EMBALMER'S NAME	A 2717177 ^ 2 7 7 7	,	22b. EMBALMER					'AS DEATH REPO		UHONER?	-	11 TT.
KEITH D.			0101	L911 LICENSE NUM	4			DDRESS, AND LI	<u> </u>	<u> </u>		ĭΩl
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