* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH HAMMOND HEALTH DEPARTMENT. **CERTIFICATE OF DEATH**

June7,2007 Date Issued	Hammohd	Health	Comple	#1	2
				3.01.64	

	THE RECORDS												
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ויוש	4. *social securi 493-22-4		3	a. AGELast Birthday (Years)	5b. UNDER 1 YE Months D	Bys Hours	Minutes					and State of	roreign Country.
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- 1	A U.S. VETERAN			ARMED FORCES?	HOSPITAL TO	npatient		1	Nursing Home				
	Yes			1946	I	ER/Outpatient	DOA	OTTLE	Residence		or (Opecay)		
1	9b. FACILITY NAME	(If not institut	ion, give st	reet and number)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VN. OR LOC	ATION OF DEATH	9d	COUNTY OF	DEATH	
- 1	St. Mar	garet	Merc	cy North			Hamm	ond			Lake		
	10. MARITAL STATU	US	11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT		NT'S USUAL O	'S USUAL OCCUPATION (Give kind of work most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY			
	Married			eranza Orne	elas		Millwri		not use retaeu/		Wiscon	sin S	Steel
į.	13a RESIDENCE-S	TATE	13b. CO	UNTY	13c. CITY, TOWN,				3d. STREET AND N			<u> </u>	
	Indiana		I	ake	Whitir	ng		2	2135 Lind	coln	Avenue	2	
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	46394	g. ON A FARI		USA	1					Ciement	ary/Secumeary	(0.12)	Donage (1-4 or 5
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- 1	Esperanz			27	ľ	Lincol				463	-	Wife	•
_	21a. METHOD OF DI		☐ Entor		21b. DATE AND P						ATION—City o		
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L	22a. EMBALMER'S N		-		206 \$140 4	ER'S LICENSE NO.	4		WAS DEATH REPO			TCA.	<u> </u>
	James F.		wski			200077	16 13	29.	VE No □ Y		CONCINENT		
2	24a. SIGNATURE OF	FUNERAL DI	RECTOR	NO)T (24	b. LICENSE NUMB (of Licensee)		E.Lmwo	ADDRESS, AND LIC	el FH	D#1990	0052	
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