

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE STATE OF INDIANA HEALTH DEPT.

OCT 6 1975  
LAKE COUNTY  
FILED FOR RECORD  
HAMMOND HEALTH COMMISSIONER

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

Disposition Permit Issued /  
Provisional Certificate Yes  No

Date issued 2007 JUL 12 AM 10:44  
EMBALMER'S NAME Lesniak Sr. License No. 3530  
FUNERAL DIRECTOR'S SIGNATURE *William J. Lesniak Sr.* MICHAEL A. BROWN  
FUNERAL HOME No. 160

Subdiv. NE S32 T.37 R.9 lots 17 & 18 Block 2  
INDIANA STATE BOARD OF HEALTH  
Local No. 797 24-30-0149-0015 + 0016  
MEDICAL CERTIFICATE OF DEATH

State COMMUNITY TITLE COMPANY  
No. FILE NO. 31297

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS  
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH  
STEFAN KRZEKOTOWSKI MALE JULY 31, 1914 Lake

RACE White AGE—LAST BIRTHDAY (YEARS) 61 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 1914  
CITY, TOWN, OR LOCATION OF DEATH 5b. INSIDE CITY LIMITS (SPECIFY YES, YES, NO) 5c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7a. Hammond St. Margaret Hospital (DOA)

DECEASED 7b. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 7c. CITIZEN OF WHAT COUNTRY 7d. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 7e. POLAND USA  
SOCIAL SECURITY NUMBER 8. 311-32-9136 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 9. RR Tank Car Factory  
RESIDENCE—STATE 12. Indiana COUNTY 13. Lake CITY, TOWN OR LOCATION 14. East Chicago TOWNSHIP 15. North

STREET AND NUMBER 14a. 4933 Olcott Ave. 14b. Lake 14c. East Chicago 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) 14e. YES NO  
FATHER—NAME 14f. FIRST MIDDLE LAST (MOTHER—MAIDEN NAME) 14g. FIRST MIDDLE LAST  
Wojciech Krzekotowski Jadwiga Poniecka

15. INFORMANT—NAME 15a. FIRST MIDDLE LAST RELATIONSHIP 15b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 15c. Mrs. Eugenia Krzekotowski Wife 4933 Olcott Av., E. Chicago, In. 46312

17a. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Acute Coronary Heart Disease 10 days  
(e) Due to, or as a consequence of: (b) Chronic Coronary Heart Disease 10 days  
(f) Due to, or as a consequence of: (c) Sudden

18. PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Acute Coronary Heart Disease 10 days  
(e) Due to, or as a consequence of: (b) Chronic Coronary Heart Disease 10 days  
(f) Due to, or as a consequence of: (c) Sudden

19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR MIN. DATE SIGNED MONTH DAY YEAR  
10 2 75 523 AM 10 4 75

21. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 21a. Leon A. Kelawko MD 21b. SIGNATURE OF PHYSICIAN *Leon A. Kelawko MD*  
22. MAILING ADDRESS—PHYSICIAN 22a. SHEET OR R.F.D. NO. 22b. CITY OR TOWN STATE ZIP  
3000 W. 10th St. Hammond Indiana 46320

23. BURIAL, CREMATION, REMOVAL, EMBALMING, FUNERAL HOME (SPECIFY) 23a. Burial 23b. CEMETERY, EMBALMORY, FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP  
St. John Cemetery Hammond, Indiana 46320

24. DATE (MONTH, DAY, YEAR) 24a. 10/6/75 24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24c. Lesniak Funeral Home 4918 Magoun Av., E. Chicago, Ind. 46312

25. HEALTH OFFICER—SIGNATURE 25a. *William J. Lesniak Sr.* 25b. DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 6 1975

113-3

FILED  
JUL 10 2001  
REGGY HOLINGA KATHA  
LAKE COUNTY AUDITOR

