REGISTRATION 16.10 DISTRICT NO.	C		F ILLINOIS TE OF DEATH	•	/08 0
LOCAL FILE 609601 NUMBER	·		STA	TE FILE NUMBER	<u> </u>
1. DECEDENT'S LEGAL NAME (Include AK		M	holir	1 1	E OF SEATH (Month/Day/Year) (Spell Mon
4, COUNTY OF DEATH	Plene Arlene 5a. AGE AT LAST BIRTHDAY			DAY 6. DATE OF E	BIRTH (Month/Day/Year)
Cook 7a. CITY OR TOWN	61	Months 7b H	Days Hours OSPITAL OR OTHER INSTITUTION	Sept	ember 15, 1946
Chicago		/ /	Vorthwestern 1	Nemoria/Ho-	spital
			ATH (Check only one: see Instructions)	NOTE A	7
IF DEATH OCCURRED IN A HOSPITAL [X] Inpatient [] Emergency Room/Output	atient Dead on Arrival	Hospice facility	D Nursing Home/Long-term care fac	lity Decedent's home	
8. BIRTHPLACE (City and State or Foreign Country) 9. S	OCIAL SECURITY NUMBER	1 _	US AT TIME OF DEATH Married but separated Widow	11. SURVIVING SPOUSE (If wife, give full name)	S NAME 12. EVER IN U.S. ARMED FOR
East Chicago, IN	312-50-3129	1 -	Never Married Unkno	wn Robert Mihe	
13a. RESIDENCE (Street and Number)	<u>†</u>	3b. APT. NO. 13c.	CITY OR TOWN Schererville	3da:1	NSIDE CITY LIMITS?
2149 Deer Run 13e. COUNTY 13f. STAT	TE 13g. ZIP CODE 14. FAT	HER'S NAME (First, M		15. MOTHER'S NAME PRI	OR TO FIRST MARRIAGE (First, Middle,
Lake IN			ciejewski	1	ie Wooden
16a. INFORMANT'S NAME AUTORA Lam	7	ELATIONSHIP lical Reco	i	DRESS (Street and No., Chreet Huron Chicago	C7
17. METHOD OF DISPOSITION: Delinal	18. PLACE OF DISPOSI		, crematory, other) 19. LOCATION - C		20. DATE OF DISPOSITION (Month/Da
☐ Cremation ☐ Donation ☐ Enform ☐ Other (Specify):	_ Chapel Law	n Memorial	Gardens Scherer	ville, IN	July 21, 2008
21a. FUNERAL HOME NAME	Same and the same	ND NUMBER	chyont nue Schererville		STATE ZIP
Chapel Lawn Funer 21b. FUNERAL DIRECTOR'S SIGNATURE		OTTHE MVC	ide benezelvilla		S ILLINOIS LICENSE NUMBER
Mout		gic (C)	ment is	034-10.	
22. LOCAL RÉGISTRAR'S SIGNATURE	/240	Jerry My	ason MO	23. DATE FILED WITH LOC	AL REGISTRAR (Month/Day/Year)
or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNICEST VINC CAUSE.	Respirato	ry Fai	e ty (or as a consequence of):	derl Failure	inson
Sequentially list conditions, if any,	Bactere	ma Du	e to (or as a consequence of): Our C Kena e to (or as a consequence of):	Tailure 25. WAS AN	AUTOPSY PERFORMED? Yes
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