

45-07-14-403-011,000 - 003

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

Local No. 523

State No. 6/29/77

EMBALMER'S NAME Robert J Dellenbach

LICENSE No. 4526

543

FUNERAL DIRECTOR'S LICENSE No.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A

HAMMOND HEALTH COMMISSIONER

COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
Date Issued 7-8-77

1. FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.

2. DECEASED: **Hammond**

3. DATE OF BIRTH: **6/29/77**

4. CITY, TOWN, OR LOCATION OF DEATH: **Hammond**

5. INSIDE CITY LIMITS (SPECIFY YES OR NO): **yes**

6. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. Margarets Hospital**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **married**

8. U.S. SOCIAL SECURITY NUMBER: **[REDACTED]**

9. U.S. CITIZEN OF WHAT COUNTRY: **U.S.**

10. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Combustion Eng.**

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Clara Arndt**

12. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: **6619 W. 25th Ave. Gary, Ind. 46406**

13. RESIDENCE—STATE COUNTY: **Ind. Lake**

14. CITY, TOWN OR LOCATION: **Gary**

15. PARENTS: FATHER—NAME FIRST MIDDLE LAST: **Clement A. Lessner III**; MOTHER—MAIDEN NAME FIRST MIDDLE LAST: **Lillian Szczepanski**

16. RELATIONSHIP: **Son**

17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **3317 Ann St. Lansing, Ill.**

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 (a) IMMEDIATE CAUSE: **Myocardial Infarction**
 (b) DUE TO, OR AS A CONSEQUENCE OF: **None**
 (c) DUE TO, OR AS A CONSEQUENCE OF: **None**

19. DEATH OCCURRED AT: **Home**

20. DEATH DATE: **7/2/77**

21. NAME AND SIGNATURE OF HEALTH OFFICER: **Franklin F. Premuda, M. D.**

22. CITY, TOWN, STATE, ZIP: **Hammond, Ind. 46320**

23. STREET OR R.F.D. NO.: **5925 Calumet Avenue**

24. DATE SIGNED: **7/2/77**

25. CEMETERY, CREMATORY, FUNERAL HOME: **Concordia**

26. CITY OR TOWN, STATE, ZIP: **Hammond, Ind. 46320**

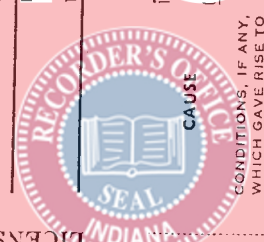
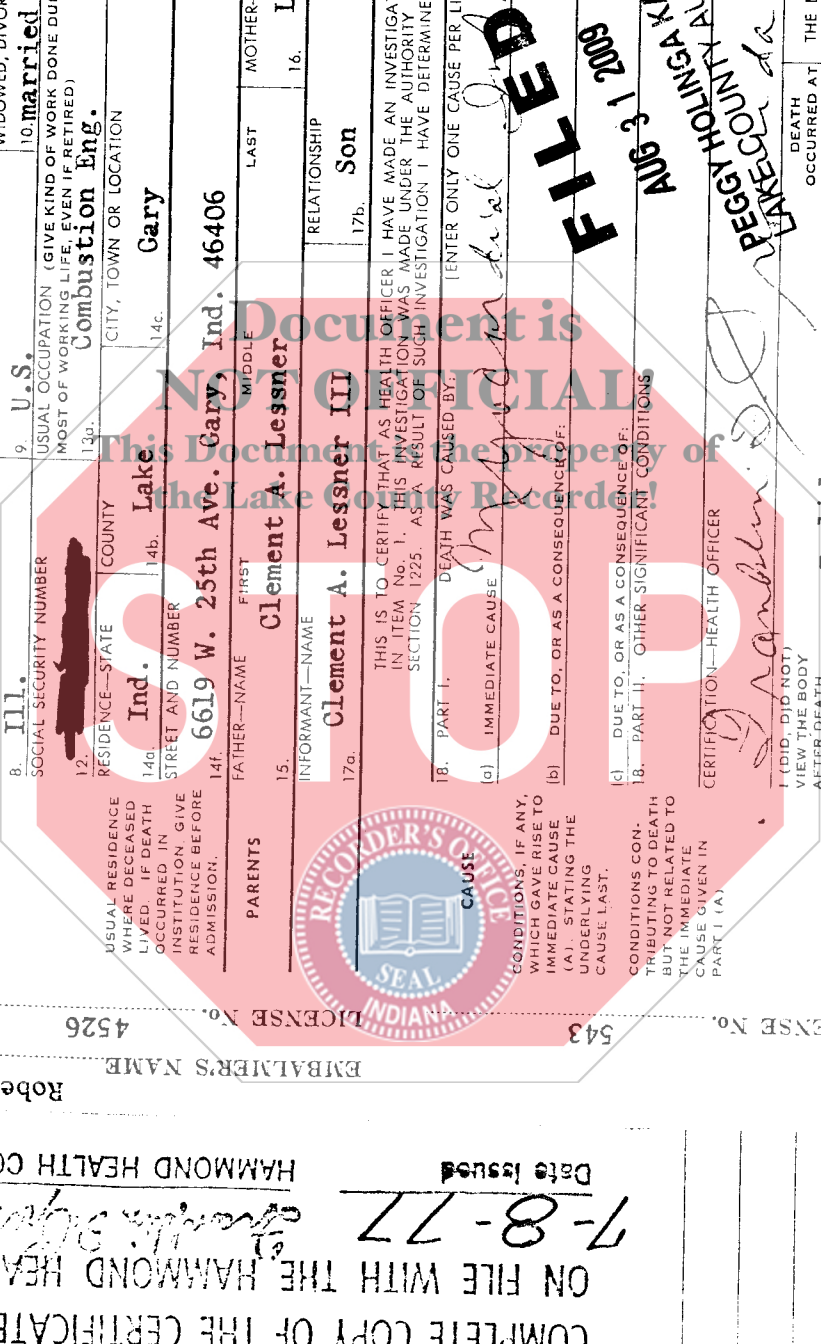
27. FUNERAL HOME—NAME: **Concordia**

28. CITY OR TOWN, STATE, ZIP: **Hammond, Ind. 46320**

29. FUNERAL HOME—ADDRESS: **23b. 2580 Colfax St. Gary, Ind.**

30. DATE RECEIVED BY HEALTH OFFICER: **7/2/77**

31. MONTH DAY YEAR: **7 2 77**



CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (A)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

FILED AUG 3 1 2009

RECORDER'S OFFICE

LAKE COUNTY, INDIANA

BEGG HOLMGA AUCTOR

LAKE COUNTY AUCTOR

0152366

Disposition Permit Issued / /

Provisional Certificate

Yes No



HOLD FOR MERIDIAN TITLE CORP 925803