

PARKSIDE ADD. 8.151 Lot 35 Bl.1  
 N.251 Lot 36 Bl.1  
 KEY #35-215-35

TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK

THIS IS A  
 PERMANENT  
 RECORD

Below for State Office Use

**FILED**  
 MAR 30 1973  
 LAKE COUNTY AUDITOR  
 PEGGY HOLINGA KATONA  
 OCT 08 2009

Disposition Permit Issued  No   
 Provisional Certificate  No

EMBALMER'S NAME George A. Burns LICENSE No. 2989  
 FUNERAL DIRECTOR'S SIGNATURE George A. Burns FUNERAL DIRECTOR'S LICENSE No. 906  
 FUNERAL HOME No. 281

195073

Local No. 18-73

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK  
 SEE HANDBOOK FOR  
 INSTRUCTIONS

DECEASED—NAME

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

1521

1. DECEASED—NAME: Robert HENRY  
 2. SEX: Male  
 3. DATE OF DEATH: 8/12 1973  
 4. RACE: Male  
 5. AGE—LAST BIRTHDAY (YEARS): 55  
 6. DATE OF BIRTH (MONTH, DAY, YEAR): 1917  
 7. CITY, TOWN, OR LOCATION OF DEATH: Munster  
 8. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes  
 9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Med-Tnn

10. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lillian Debttus  
 11. DIVORCED  U.S. STEEL  
 12. RESIDENCE—STATE: Indiana COUNTY: Lake CITY, TOWN OR LOCATION: Hammond  
 13. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes  
 14. TOWNSHIP: North  
 15. SOCIAL SECURITY NUMBER: U.S.A.  
 16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Foreman  
 17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): No

18. PARENTS  
 19. INFORMANT—NAME: Robert HENRY  
 20. RELATIONSHIP: Son  
 21. ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3947 Wabash Ave. Hammond, Ind.  
 22. FATHER—NAME: Robert HENRY  
 23. MOTHER—MAIDEN NAME: Elsa POETISCH  
 24. IS RESIDENCE ON A FARM? No

25. DEATH WAS CAUSED BY: Cardiac-vascular Medley  
 26. IMMEDIATE CAUSE: As a result of myocardial infarction  
 27. DUE TO, OR AS A CONSEQUENCE OF: As a result of myocardial infarction  
 28. DUE TO, OR AS A CONSEQUENCE OF: As a result of myocardial infarction  
 29. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: As a result of myocardial infarction  
 30. PART I. DEATH WAS CAUSED BY: As a result of myocardial infarction  
 31. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO DEATH BUT NOT RELATED TO CAUSE OF DEATH: As a result of myocardial infarction  
 32. STATE OF INDIANA'S DEPARTMENT OF HEALTH: As a result of myocardial infarction

33. DATE & TIME OF DEATH: January 13 1973 5:40 PM  
 34. PHYSICIAN'S NAME (TYPE OR PRINT): Arthur M. Branco, MD  
 35. SIGNATURE OF PHYSICIAN: Arthur M. Branco  
 36. ADDRESS—PHYSICIAN: 7905 Calumet Avenue Munster Indiana 46323  
 37. CITY OR TOWN: Munster STATE: Indiana ZIP: 46323

38. DISPOSITION: Burial  
 39. CEMETERY, CREMATORY, FUNERAL HOME (SPECIFY): Cedar Park  
 40. FUNERAL HOME—NAME AND ADDRESS: Burns Funeral Homes, Inc. Hammond, Indiana  
 41. HEALTH OFFICER—SIGNATURE: Peter Steg M.D.  
 42. DATE RECEIVED BY LOCAL HEALTH OFFICER: January 16, 1973  
 43. HEALTH OFFICER'S SIGNATURE: Peter Steg M.D.

dk-148 E