## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Decedent's Legal Name (First, Middle, Last)	<u> </u>		1a. Maiden Last	Name (If Female	e)		2. Sex		ate No e Of Death	4. Date Of D	eath (Mon	th/Day/Year)	
Paul H. Szczechow	viak		Tu. Marcon cust				Male		1 P.M.				
	o, Under 1 Year	6c. Under 1 Month	6d. Under 1 Day		Hour	7. Date O	f Birth (Month/Da	y/Year)	8. Birthplace (Cit	y And State Or F	oreign Co	untry)	
x 30 · 310X	onths	Days	Hours	Minutes			7,195		Chica	go,Il	lino	ois	
	ccurred In A Hospital		David On Amiral	1		/	ner Than A Hosp		Term Care Facility	☐ Other (Speci	ifv)		
Yes X No Unknown ☐ ☐ Inpatient [ Facility Name (If Not Institution, Give Street And No		rtment Outpatient 🔲	Dead On Amyai	☐ Hospice	e Facility Last	Jecedeni s no	ille 🗀 rausing	ioiner Long-	Tenn Gare Fauncy	Caror (open	.,,		
1346 Stanton Av	<i>r</i> enue												
City Or Town, State, And Zip Code				13	County Of D	eath			14. Marital Statu				
Hammond Indiana 46394			Lake							Married			
. Surviving Spouse's Name		15a. (If Wife)G	ive Maiden Last Nar	II		it's Usual Oct	-		1	Business/Industr	у		
					Cour	c Sei	rvices		Law	Firm			
. Residence – State	18a. (	County		18b. C	City Or Town		_						
Indiana		Lake			Н	lammon							
c. Street And Number	ــــــاني				-		18d. A	pt. No.	18e. Zip	- 10	1 -	iside City Limits	
1346 Stanton Ave									403	940			
Decedent's Education 20. Decedent Of His			- I			edent's Race White							
Bachelor Degree		. 1/							1 715	Mother's Maid	en Last Nä	ime	
. Father's Name (First, Middle, Last) larcel Szczechowi	ak			į.	r's Name (Firs		o howia	k		eide	и .		
				1									
Informants Name Christine Fitzger	ald	24a. Relationship		831	0 No	rthgo	nber, City, State,	463	0.1	9			
			1001	Place Of Dis	ster	Tha.	alla	403	2 1	යා		· ·	
a. Method Of Disposition.		f Disposition (Name C	of Cemetery, Crema	atory, Other Place		25c. Location	- City, Town, Ar	d State		-			
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Other (Specify):  Vas Coroner Contacted?  Yes No Elm 113  7b. Signature Of Indiana Funeral Service Licensee:	e And Complete Add	ress Of Funeral Fashi uneral 97 <b>th</b> La	Chapel Chapel ne St	nt is the	etions And	opei diana	27c. Lice FD	73	(Of Licensee):	FH 1	9900	0052	
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46. Additional Funeral Service Provider:
Kompare F.H. 9858 S. Commercial Ave.; Chicago, IL. 60617

48. Signature of Local Health Officer:

49. Form

Susan DBut D.O.

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosi