## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1

1318-09 State No.

Time Of Death | 4. Date Of Death (Month/Day/Year) Local No... 1a. Maiden Last Name (If Female) 2. Sex March 16, 2009 Male 3:31 Paul M. Salcich 6r Under 1 Month 6d Linder 1 Day Se Under 1 Hour Months 81 June 19, 1927 Whiting, Indiana 305-20-0118 10. If Death Occurred in A Hospita 10a. If Death Occurred Somewhere Other Than A Hospital 9. Ever In U.S. Armed Forces? Yes I No Unknown D Emergency Department Outpatient Dead On Arrival Yes No Unknown ☐ Hospice Facility ☐ Decedent's Home ☐ Mursing Home/Long-Term Care Facility ☐ Other (Specify) St. Margaret Mercy Hospital 14. Marital Status At Time Of Death 12. City Or Town, State, And Zip Code Married Married But Separated Divorced Hammond, Indiana 46320 Lake ☐ Never Married ☐ Unknown ☐ Widowed ☐ Never Married

17. Kind Of Business/Industr 16. Decedent's Usual Occupation 15. Surviving Spouse's Name 5a (If Wife)Give Maiden Last Name U.S. Bost Office Mary Ellen Salcich Mail Carrier Ma. Blasko Indiana Lake Whiting 18e. Zip Code 181. Inside City Limits? 18c. Street And Number XYes □ No 46394 2617 New York Avenue 20. Decedent Of Hispanic Origin ယ College - 1 No White Mother's Maiden Last Nam 22. Father's Name (First, Middle, Last) 23 Mother's Name (First, Middle, Last) Mary Solcich Kobe Paul Solcich 24b. Mailing Address (Street And Number, City, State, Zip Code) Wife 2617 New York Avenue, Whiting, Indiana 46394 Mary Ellen Salcich 25b. Place of Disposition (Name of Cemeters, Cremators, Other Place)

March 19, 2009 Burial ☐ Cremation ☐ Donation ☐ Entembrent ☐ Removal From State St. John Cemetery Indiana 4634 Hammond, Name And Complete Address Of Funeral Facility

FIFE FUNERAL HOME, INC.

4201 Indianapolis Blvd., East Chicago, Indiana 46312

nsec: **##**8300**#**512 ☐ Yes 💢 No Signature Of Indiana Funeral Service Licer the Lake County Recorder! 276, License Nu P-Jý FD01020366 -Approximate 28. Part I. Enter The Chain Of Events.—Diseases, Injuries, Or Complications.—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary. (Taterval) Onset (To Death A. V Cardio. Immediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Part I 29. Was An Autopsy Performed? 22. Was An Autopsy Performed?

1 Yes No.

30. Were Autopsy Findings Available To Complete The Cause of Death? ☐Yes ☐ No 31. Old Tobacco Use Contribute To Death? than Will accept the Construction Site. Restaurant, Wooded Area 37. Injury D Not Pregnant Within Past Year D Pregnant At Time Of Ocalin D Not Pregnant, But Pregnant 43 Days To 1 Year Betore Death 35. Time Of Injury 36. Place ☐ Yos ☐ Probably ☐ No 🖼hknown 34. Date Of Injury (Month/Day/Year) 37. injury At Work? Yes 110 38b. Street & Numb 38. Location Of Injury - State 054762 PEGGY HOLINGA KATONA PEGGY HULINGS AUDITORIO. If Transportation Injury, Specify.
LAKE SOUNTY AUDITORIO. 39 Describe How Injury Occurred ws. 🗴 Certifying Physician 🗀 Coroner 🗀 Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause, Of Death DR. K. TRIVEDE 656 Wintworth Columet City IL 161033282A

L 25, 2009

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