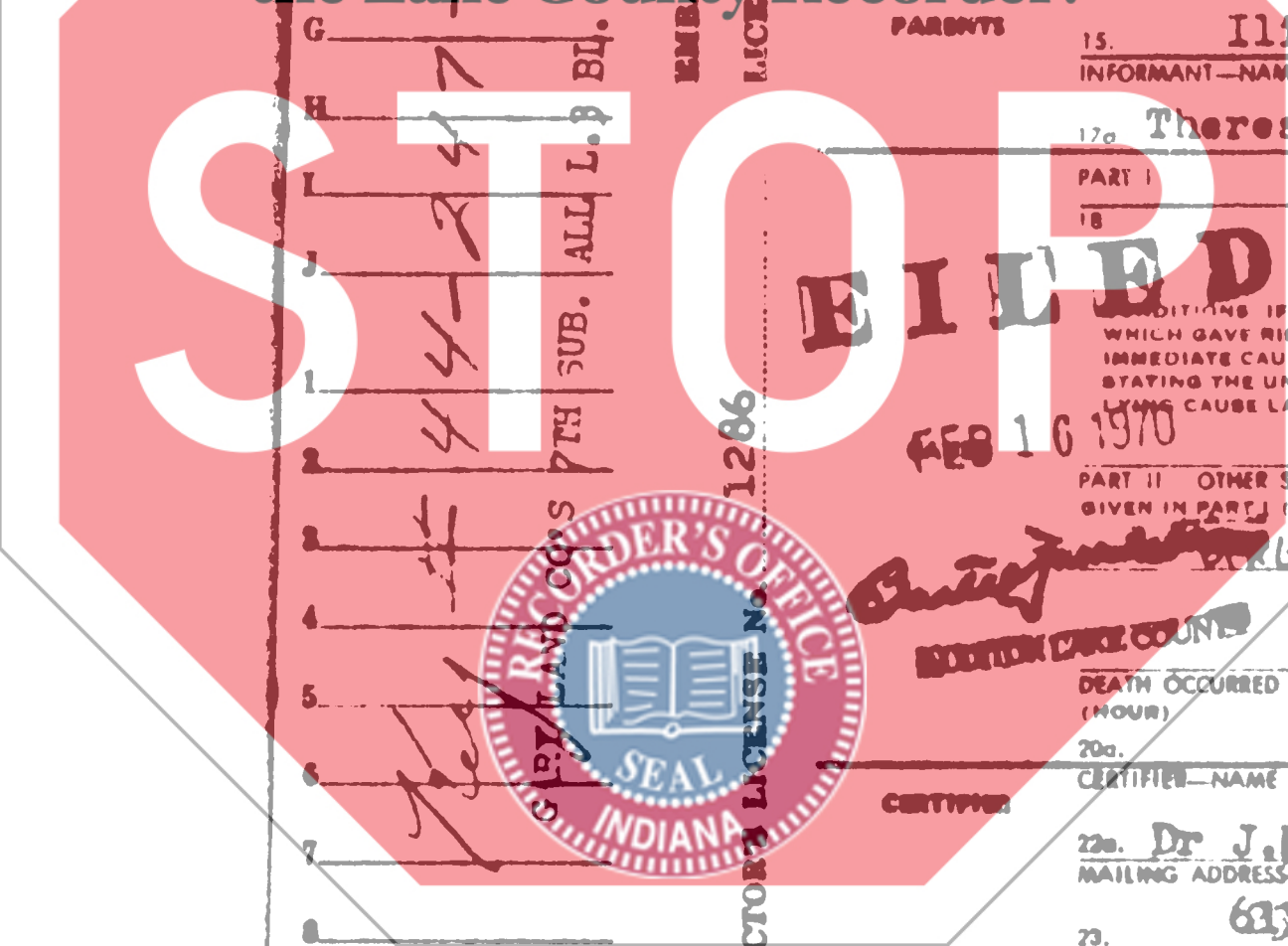


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Issued / /
Provisional
Certificate
 Yes No

EMERALD NAME: Wm. P. Cook
LICENSE NO. 53
FURNAL DIRECTOR'S LICENSE NO. 1286

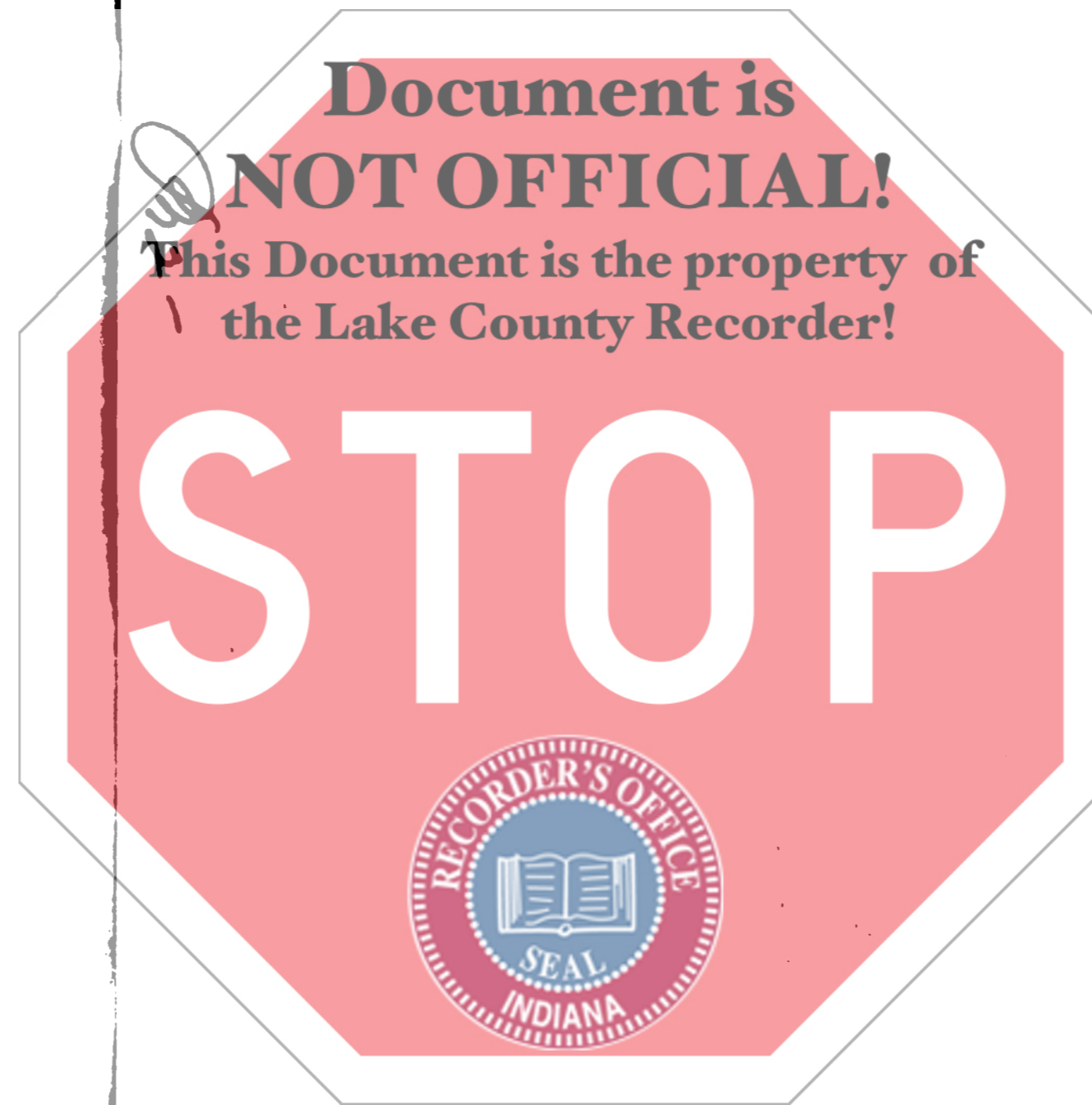
INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Ret Flapp + temporary death
40 East 6th Gary
Gary
State No.

Local No. 68-0276

1. DECEASED NAME FIRST: <u>Svetislav</u> MIDDLE: <u>Milojevic</u> LAST: <u>Milojevic</u>		2. SEX: <u>male</u>	3. DATE OF DEATH (MONTH, DAY, YEAR): <u>Feb. 19, 1969</u>
4. RACE: <u>White</u>	5a. AGE - LAST BIRTHDAY (YEARS): <u>63</u>	5b. UNDER 1 YEAR: <u>NO</u>	5c. UNDER 1 DAY: <u>NO</u>
6. DATE OF BIRTH (MONTH, DAY, YEAR): <u>Apr. 5, 1905</u>		7. COUNTY OF DEATH: <u>Lake</u>	
8. CITY, TOWN, OR LOCATION OF DEATH: <u>Gary</u>		9. INSIDE CITY LIMITS (SPECIFY YES OR NO): <u>yes</u>	10. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <u>Marcy Hospital</u>
11. STATE OF BIRTH (IF NOT IN U.S.A.): <u>Jugoslavia</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>married</u>		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): <u>Theresa Waldhutter</u>	
15. SOCIAL SECURITY NUMBER: <u>513-32-0347</u>		16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): <u>steelworker</u>	
17. KIND OF BUSINESS OR INDUSTRY: <u>U.S. Steel</u>		18. RESIDENCE - STATE: <u>Ind.</u>	
19. COUNTY: <u>Lake</u>		20. CITY, TOWN OR LOCATION: <u>Gary</u>	
21. INSIDE CITY LIMITS (SPECIFY YES OR NO): <u>yes</u>		22. TOWNSHIP: <u>Calumet</u>	
23. STREET AND NUMBER: <u>4765 Penn. St.</u>		24. IS RESIDENCE ON A FARM? <u>NO</u>	
25. FATHER - NAME: <u>Iliaq Milojevic</u>		26. MOTHER - MAIDEN NAME: <u>unknown</u>	
27. INFORMANT - NAME: <u>Theresa Milojevic</u>		28. RELATIONSHIP: <u>wife</u>	
29. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <u>4765 Penn. St. Gary, Ind.</u>		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <u>5 DAYS</u>	
31. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
32. IMMEDIATE CAUSE: (a) <u>FULMINATING PNEUMONIA WITH LOGAR</u>			33. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <u>5 DAYS</u>
(b) <u>CONSOLIDATION</u>			
(c) <u>OTHER SIGNIFICANT CONDITIONS: ANEMIA, LAENOCY, CIRRHOSIS</u>			
34. DEATH OCCURRED (HOUR): <u>5:37 AM</u>		35. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR): <u>FEB 17 1969</u>	
36. CERTIFIER - NAME (TYPE OR PRINT): <u>Dr. J.N. Chip</u>		37. SIGNATURE: <u>Jarold N. Chip</u>	
38. MAILING ADDRESS - CERTIFIER: <u>6313 Harrison St. Gary Ind.</u>		39. DATE SIGNED: <u>FEB 17 1969</u>	
40. BURIAL, CREMATION, REMOVAL (SPECIFY): <u>burial</u>		41. CEMETERY, CREMATORY, FUNERAL HOME: <u>Calumet Park Cem.</u>	
42. DATE (MONTH, DAY, YEAR): <u>Feb. 22, 1969</u>		43. LOCATION: <u>Crown Point, Ind.</u>	
44. FUNERAL HOME - NAME AND ADDRESS: <u>Lach & Stillinovich 4213 Broadway Gary, Ind. 46409</u>		45. FUNERAL HOME NUMBER: <u>242</u>	
46. FUNERAL DIRECTOR - SIGNATURE: <u>George Stillinovich</u>		47. HEALTH OFFICER - SIGNATURE: <u>Dr. Resambler</u>	
48. DATE RECEIVED BY LOCAL HEALTH OFFICER: <u>FEB 24 1969</u>		49. STATE NO.:	

49078



CERTIFIED COPY

[Signature]
RECORDER
CITY OF GARY, IND.
1909
DATE