

79072

OR PRINT
ONLY WITH
DARK INK
THIS IS A
PERMANENT
RECORD

State Office Use

EMBALMER'S NAME
Erwin B. Cook
LICENSE NO.
3371

Park Manor 3rd Sub. I. 22 Bl. 06.
46-330-25

1286
FUNERAL DIRECTOR'S LICENSE No.

Provisional
Certificate
No

2 79072

Local No. 70 1439

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

SBH 113-3

3648 Jackson
Gary Ind

State No. 001

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Joseph Pustay Male October 14, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White

AGE—LAST BIRTHDAY (YEARS) 5a. 77

UNDER 1 YEAR MOS. DAYS 5b.

UNDER 1 DAY HOURS MIN. 5c.

DATE OF BIRTH (MONTH, DAY, YEAR) 6. Mar. 19, 1893

COUNTY OF DEATH 7. Lake

CITY, TOWN, OR LOCATION OF DEATH 8. Gary

INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 3648 Jackson Street

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) 9. Yugoslavia

CITIZEN OF WHAT COUNTRY 9a. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Mildred Kralj

USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 12. 313 07 7050

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired Tailor

KIND OF BUSINESS OR INDUSTRY 13b. Clothing Store Retail

CITY, TOWN OR LOCATION 14c. Gary

INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes

TOWNSHIP 14e. Calumet

IS RESIDENCE ON A FARM? 14g. YES NO

FATHER—NAME FIRST MIDDLE LAST 15. Janko Pustay

MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Ana Kufirin

INFORMANT—NAME 17a. Mildred Pustay

RELATIONSHIP 17b. Wife

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 3648 Jackson St. Gary, Ind.

PART I. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

18. IMMEDIATE CAUSE (a) *Myocardial infarction*

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) *None*

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19. *None*

DEATH OCCURRED (HOUR) M. 20b.

THE DECEASED WAS FOUND DEAD (HOUR) DAY YEAR

DATE SIGNED (MONTH, DAY, YEAR) M. 21a. Nov 10 12 35 P 70

CERTIFIER (CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. Dr. Jerome Korn

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 3290 Grant Street Gary Indiana 46408

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial

CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

24b. Calumet Park Cemetery Merrillville, Indiana 242

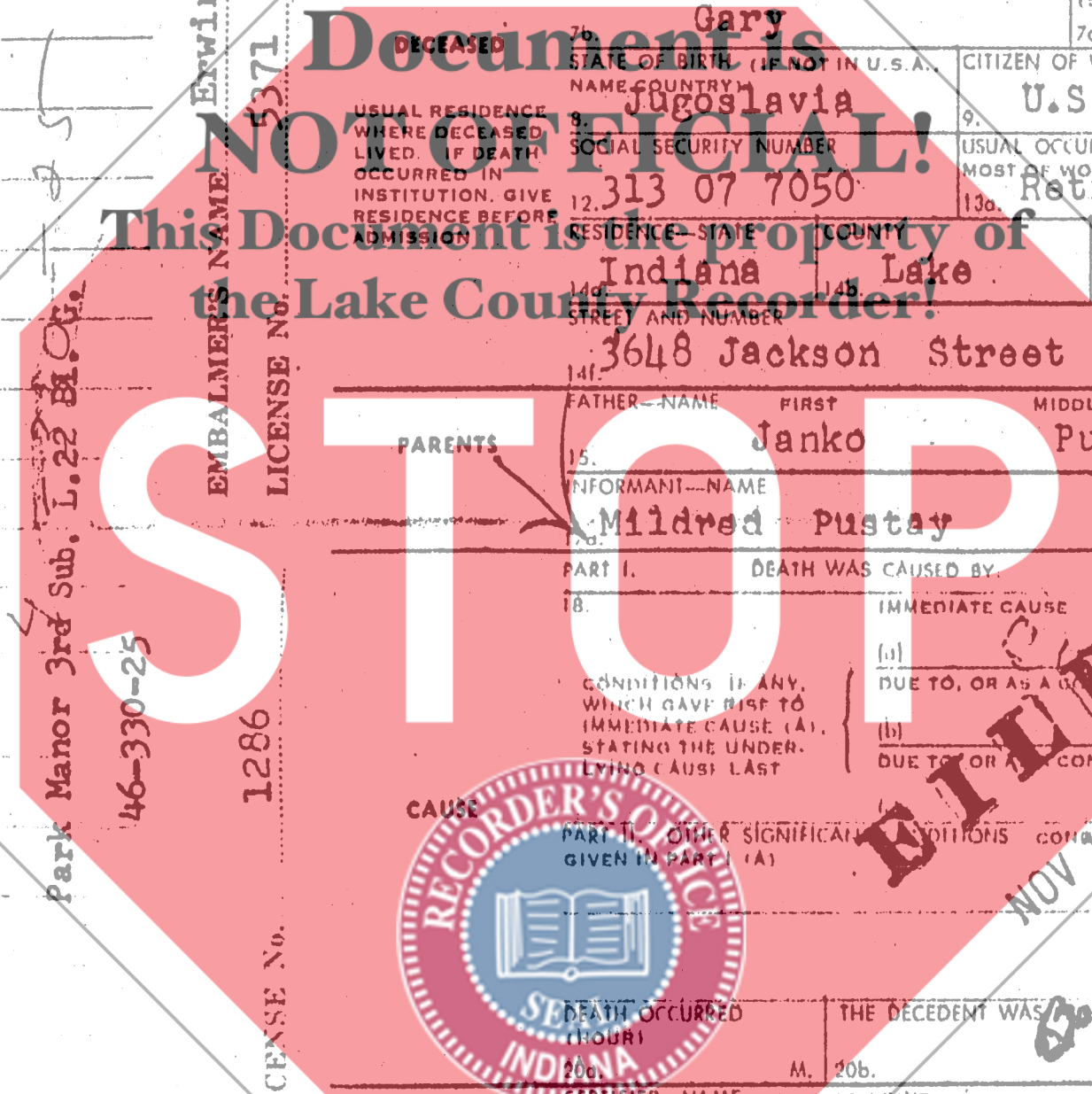
DATE (MONTH, DAY, YEAR) 24d. Oct. 16, 1970

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 25a. Stilinovich & Palmer 4213 Broadway Gary, Indiana

FUNERAL DIRECTOR—SIGNATURE 25b. George Stilinovich

HEALTH OFFICER—SIGNATURE *R.J. Rosenblom*

DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 15 1970



79072



SEPT
CERTIFIED COPY
P. Rosenblom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE OCT 1 1970

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