

576451

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

576451

Local No. 651

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

267

FUNERAL HOME
No. 726

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Key to 25-229-6 Log Part View Add. S. 30 ft
7-10 ft. S. 5' 0" P. 4'
11.4

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1438 Parkview Avenue

FILED
MARTIN G. BOYD
FEB 7 1980
RECORDERS OFFICE
LAKE COUNTY INDIANA

DECEASED - NAME BRUNO R. SNOW		SEX Male	DATE OF BIRTH (MONTH DAY YEAR) December 1, 1979
RACE White	AGE (Last Birthday) 64	UNUSUAL OCCUPATION Industrial Engineer	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH East Chicago	HOSPITAL OR OTHER INSTITUTION St. Catherine Hospital	STATUS OF DEATH Inpatient	WAS THIS DEATH EVER IN U.S. ARMY OR NAVAL SERVICE? No
STATE OF BIRTH Illinois	CITIZENSHIP U.S.A.	MARRIED OR UNMARRIED Married	NAME OF SPOUSE Frances Irceas
SOCIAL SECURITY NUMBER 305-05-6777	USUAL OCCUPATION Industrial Engineer	CITY, TOWN OR LOCATION OF DEATH Hammond (Whiting P.O.)	INDUSTRY AMOCO Oil Company Whiting, Indiana
FATHER - NAME Peter Yakaitis		MOTHER - MARRIED NAME Anna Maskutis	
INFORMANT - NAME (Type or Print) Frances Snow, wife		MARITAL ADDRESS 1438 Parkview Ave., Whiting, Ind. 46394	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME St. John Cemetery, Hammond, Ind.	
DATE (MONTH DAY YEAR) December 4, 1979		FUNERAL HOME - NAME AND ADDRESS Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394	
NAME OF ATTENDING PHYSICIAN (Type or Print) John S. Kelly, Jr., M.D.		DATE SIGNED (MONTH DAY YEAR) December 1, 1979	NAME OF RECORDER W. H. HILSKI
SIGNATURE - PHYSICIAN John S. Kelly, Jr., M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 12-10-79	
HEALTH OFFICER - SIGNATURE E. A. Campagna, M.D.		PART I - CAUSE OF DEATH	
PART I - CAUSE OF DEATH Cardiopulmonary Arrest		DURATION OF ILLNESS Minutes	
PART II - CAUSE OF DEATH Acute Bronchitis		DURATION OF ILLNESS 1 week	
PART III - CAUSE OF DEATH Chronic Obstructive Pulmonary Disease		DURATION OF ILLNESS Years	
PART IV - CAUSE OF DEATH Arteriosclerotic Heart Disease, Congestive Heart Failure, Anemia, Peptic Ulcer Disease, Cirrhosis of Liver		DURATION OF ILLNESS No	

Disposition Permit Issued Provisional Certificate Yes No

FUNERAL DIRECTORS
FUNDING