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2 TYPE OR PRINT PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. **FILED** JAN 26 1981

*Sungalou No. 1775 12/11 # 41-233-12*

EMBALMER'S NAME: James Cholston  
FUNERAL DIRECTOR'S SIGNATURE: *John Palmer*

60 29628

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IND. 46751

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DECEASED - NAME <b>Susan (Sue) Gregorczyk</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 10, 1980</b>
RACE <b>White</b>	AGE <b>61</b>	DATE OF DEATH <b>April 13, 1979</b>	PLACE OF BIRTH <b>Lake</b>
CITY, TOWN OR LOCATION OF BIRTH <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION <b>436 1/2 Maryland St.</b>	
STATE OF BIRTH <b>Penn.</b>	COUNTRY OF BIRTH <b>U.S.A.</b>	MARRIED, NEVER MARRIED, DIVORCED, WIDOWED <b>MARR.</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? <b>NO</b>
SOCIAL SECURITY NUMBER <b>315-09-8839</b>	USUAL OCCUPATION <b>Housewife</b>	TYPE OF DEATH BY THE PHYSICIAN <b>Self</b>	
RESIDENCE - STATE <b>Ind.</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Gary</b>	
STREET AND NUMBER <b>436 1/2 Maryland St.</b>		IS DECEASED ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER CITY CODES <b>YES</b>
IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME <b>Andrew Jama</b>		MOTHER - MARRIAGE NAME <b>Susan Lezar</b>	
DECEASED - NAME <b>Albert Gregorczyk</b>	RELATIONSHIP <b>husband</b>	MARRIAGE ADDRESS <b>436 1/2 Maryland St. Gary, Ind.</b>	DATE OF MARRIAGE
DISPOSITION <b>burial</b>		CITY OF CREMATION - FUNERAL HOME <b>Calumet Park Cem. Merr., Ind.</b>	DATE OF CREMATION
DATE OF BURIAL <b>Dec. 22, 1980</b>		FUNERAL HOME <b>Stillinovich, Palmer &amp; Wiatrolik 4213 1/2 Gary, Ind.</b>	
NAME OF ATTENDING PHYSICIAN <b>Dr. E. T. Pappas</b>		DATE EXAMINED <b>12-22-80</b>	PHYSICIAN'S SIGNATURE <i>E. T. Pappas</i>
PHYSICIAN'S ADDRESS <b>6111 Harrison St. Merrillville, Ind.</b>		DATE RECEIVED BY HEALTH DEPARTMENT <b>DEC 23 1980</b>	
HEALTHY CAUSE <b>Myocardial infarct</b>			
CAUSE <b>ASHD.</b>			

*RECORDED  
JAN 27 1981  
6 45 AM '81*

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CERTIFIED COPY  
E. M. ...  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE DEC 23 1980

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