

001 108230-81

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

Below for State Office Use

A FILED
B THE ABOVE IS A TRUE AND CORRECT
C COMPLETE COPY OF THE CERTIFICATE OF DEATH
D ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
E
F
G
H
I
J
K
L
1
2
3
4
5
6
7
8
9
10
11
12

EMBALMER'S NAME Eugene L. Trum
FUNDAL DIRECTOR'S SIGNATURE [Signature]
FUNDAL DIRECTOR'S LICENSE No. 699
FUNDAL DIRECTOR'S SIGNATURE [Signature]
FUNDAL DIRECTOR'S LICENSE No. 164

Local No. 446-81

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Pioneer Nat'l Title Ins. Co.
P.O. Box 386
State, Ind. 46368
No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

LAKE COUNTY HEALTH COMMISSION

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

CAUSE

1. DECEASED—NAME FIRST: Anna MIDDLE: Romula LAST: Romula			SEX: Female		DATE OF DEATH (MONTH DAY YEAR): March 17, 1981			
2. RACE: White		3. AGE—Last Birthday: 95		4. DATE OF BIRTH (Mo Day Yr): May 12, 1885		5. COUNTY OF DEATH: Lake		
6. CITY, TOWN OR LOCATION OF DEATH: Hobart			7. HOSPITAL OR OTHER INSTITUTION: St. Mary's Medical Center			8. IF HOSP OR INST: C.C.U.		
9. STATE OF BIRTH: Yugoslavia		10. CITIZEN OF WHAT COUNTRY: U.S.A.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed		12. SURVIVING SPOUSE: No		
13. SOCIAL SECURITY NUMBER: 314-50-3414			14. USUAL OCCUPATION: Housewife			15. KIND OF BUSINESS OR INDUSTRY: Home		
16. RESIDENCE—STATE: Indiana		17. COUNTY: Lake		18. CITY, TOWN OR LOCATION: Lake Station		19. IS RESIDENCE ON A FARM? NO		
20. STREET AND NUMBER: 2680 Hamilton Street			21. INSIDE CITY LIMITS? YES		22. IS DECEASED OF SPANISH DESCENT? NO		23. IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC	
24. FATHER—NAME: Unknown			25. MOTHER—MAIDEN NAME: Unknown			26. INFORMANT—NAME: Anne Young (Daughter)		
27. RELATIONSHIP: Daughter			28. MAILING ADDRESS: Camelot Estates #412, Portage, Indiana 46368			29. BURIAL, CREMATION, REMOVAL, OTHER: Burial		
30. DATE: March 20, 1981			31. CEMETERY OR CREMATORY—FUNDAL HOME: Oak Hill Cemetery			32. LOCATION: Hammond, Indiana		
33. FUNERAL HOME—NAME AND ADDRESS: Frum Funeral Home Inc, 1307 Central Ave, Lake Station, In.			34. DATE SIGNED: 3-19-81		35. HOUR OF DEATH: 4:40 P		36. SIGNATURE: R. A. Perm, M.D.	
37. NAME OF ATTENDING PHYSICIAN: R. A. Perm, M.D.			38. MAILING ADDRESS—PHYSICIAN			39. HEALTH OFFICER—SIGNATURE: [Signature]		
40. DATE RECEIVED BY LOCAL HEALTH OFFICER: 3-20-81			41. IMMEDIATE CAUSE: congestive Heart Failure			42. DUE TO OR AS A CONSEQUENCE OF: arterio-sclerotic cardio-vascular disease		
43. OTHER SIGNIFICANT CONDITIONS: cerebral atherosclerosis, with severity			44. AUTOPSY: No		45. STATEMENT: [Blank]			

4382