

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below to Office Use

**FILED**

DEC 7 1981

Mr. Robert A. Orlich, City  
4981 Broadway, Gary, Ind.  
Burial record photo 23-24  
Feb 2, 1981  
Key 41-109-23, 24

Disposition Permit  
Issued / /

Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME: TERRENCE P. BURNS  
LICENSE No. 1389  
FUNERAL DIRECTOR'S NAME: Terrence P. Burns  
LICENSE No. 123  
FUNERAL HOME: BURNS COUNTY

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH  
Local No. 254-7652986 State No. 118

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

1. ROBERT A. SYLVESTER 2. MALE 3. FEBRUARY 15, 1975

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY YEAR) COUNTY OF DEATH

4. WHITE 5a. 62 5b. 5c. 6. DEC. 8, 1912 7a. LAKE

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. HOBART 7c. YES 7d. SEBO HERITAGE MANOR NURSING HOME

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY 10. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. ILLINOIS 9. U.S.A. 10. WIDOWED  DIVORCED  HAZEL OBERG

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

306-09-2411 13a. REAL ESTATE SALESMAN 13b. REAL ESTATE

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. INDIANA 14b. LAKE 14c. GARY 14d. YES 14e. CALUMET

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 4972 CONNECTICUT ST. NO 14h. YES  NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. PERCY SYLVESTER 16. KATHERYN SYLVESTER

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. HAZEL M. SYLVESTER 17b. WIFE 17c. 4972 CONNECTICUT ST. GARY, INDE

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

8. IMMEDIATE CAUSE (a) CARCINOMA BLADDER URETERAL OBSTRUCTION

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF:

(b) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. FEB. 15 1975 9:45 AM 21a. FEB 25 1975

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. DR. OSCAR G. DeLaPAZ 27b. Oscar DeLaPaz

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

23. 500 WEST LINCOLN HIGHWAY MERRILLVILLE, INDIANA 464102

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

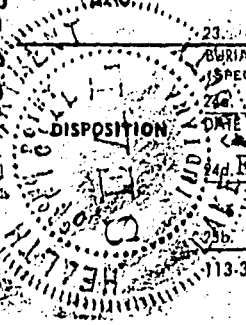
24a. CREMATION 24b. OAKLAND MEMORY LANES 24c. DOLTON, ILLINOIS

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. FEBRUARY 16, '75 25a. BURNS MEMORIAL CHAPEL 30. 4286 BROADWAY, GARY, INDIANA 46408

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

26a. Terrence P. Burns, M.D. 26b. March 7, 1975



INDIANA DIVISION  
CHICAGO TITLE INSURANCE COMPANY