

31245

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

FILED

DEC 9

LICENSE NO. 4237

FUNERAL DIRECTOR'S SIGNATURE

EMBALMER'S NAME

John L. Cuyler

Chas. W. Wells

Disposition Permit Issued / /
Provisional Certificate
 Yes No

Local No. 73-1671

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED

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

73-1671
FUNK
COUNTY

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS, TITLE INS. CORP.
7895 BROADWAY

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH	COUNTY OF BIRTH
1. MARIANNE E. LUSTINA					Female	Nov. 21, 1924	Lake
2. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
White	49			Nov. 21, 1924	Lake		
3. CITY, TOWN, OR LOCATION OF DEATH		7c. (INSIDE CITY LIMITS (SPECIFY YES OR NO))		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Cary		Yes		Mercy Hospital			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Indiana		USA		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> John Lustina			
11. SOCIAL SECURITY NUMBER		12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY			
309-14-5340		Housewife		None			
14b. Indiana		14c. Lake		14d. Cary		14e. Calumet Twp.	
14f. 3795 Lincoln Street		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. RESIDENCE ON A FARM? (Yes, no, or unknown)			
14f. 3795 Lincoln Street		14g. No		15. No			
PARENTS		FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST
15. Ferdinand Elischer		Posalia Gurtler					
17a. John Lustina		17b. Husband		17c. 3795 Lincoln, Cary, Indiana 46410			
PART I. DEATH WAS CAUSED BY.		18. IMMEDIATE CAUSE					
		(a) Carcinoma Esophagus					
		(b) Hammer's embolism of brain					
		(c) Other significant conditions contributing to death but not related to cause given in part I (a)					
		DATE & TIME OF DEATH					
		Dec. 17, 1973		4:00AM		12-26-73	
20. PHYSICIAN'S NAME (TYPE OR PRINT)		21a. SIGNATURE OF PHYSICIAN		21b. PHY. CODE NO.			
Thaddeus B. Lorentz M.D.		<i>Thad. B. Lorentz</i>					
22. BURIAL, CREMATION, REMOVAL (SPECIFY)		23. CEMETERY, CREMATORY, FUNERAL HOME		24. LOCATION			
Burial		Calumet Park		Merrillville, Indiana			
25. DATE (MONTH, DAY, YEAR)		26. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
Dec. 20, 1973		PRUZIN FUNERAL HOME, 6360 Broadway, Merrillville, Ind. 46410					
27a. HEALTH OFFICER—SIGNATURE		27b. DATE RECEIVED BY LOCAL HEALTH OFFICER				DEC 27 1973	
<i>[Signature]</i>							

Woodrow Wilson Ave

475 A12
76 #47-288-25

380

31245
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DUPLICATED COPY
E. N. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE DEC 4 1981