

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

419

Local No. **93-1548**

2
goc 653294

THIS IS A
PERMANENT
RECORD

PERMANENT INK
SEAL HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. Stella Frances Chrzt			SEX 2. F	DATE OF DEATH (MONTH, DAY, YEAR) 3. 11/21/73
RACE 4. W	AGE—LAST BIRTHDAY (YEARS) 5a. 44	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) Jan 6, 28 1929
CITY, TOWN, OR LOCATION OF DEATH 7b. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. no	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Methodist Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Ohio		CITIZEN OF WHAT COUNTRY 9. U.S.	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Walter Chrzt	
SOCIAL SECURITY NUMBER 12. 311-50-9124		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. housewife		KIND OF BUSINESS OR INDUSTRY 13b. OWN
RESIDENCE—STATE 14a. Ind.	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Gary	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Calumet
STREET AND NUMBER 14f. 3708 Washington St.		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		IS RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME FIRST MIDDLE LAST 15. Lee Drake			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Myrtle Riley	
INFORMANT—NAME 17a. Walter Chrzt		RELATIONSHIP 17b. husband	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 3708 Washington St. Gary, Indiana, 46408	

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

18. IMMEDIATE CAUSE

(a) **Acute Pulmonary Edema**

(b) **Hypertensive cardiovascular disease**

(c) _____

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

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

19a. _____ 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR

Nov 21 1973 12:40 P.M.

DATE SIGNED MONTH DAY YEAR

Nov 21 1973

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE

Dr. G. Goodwin M.D.

SIGNATURE OF PHYSICIAN

[Signature]

PHY. CODE NO. _____

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

6111 Harrison Merrillville Ind 46410

BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. **Burial**

CEMETERY, CREMATORY, FUNERAL HOME

24b. **Ridgeway**

LOCATION CITY OR TOWN STATE

24c. **Gary, Indiana**

DATE (MONTH, DAY, YEAR)

24d. **11/24/73**

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

25a. **Dellenbach 2580 Colfax St. Gary, Indiana 46406**

HEALTH OFFICER—SIGNATURE

[Signature]

DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. **NOV 21 1973**

Below for State Use

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

K _____

L _____

M _____

N _____

O _____

P _____

Q _____

R _____

S _____

T _____

U _____

V _____

W _____

X _____

Y _____

Z _____

FILED

DEC 1973

FUNERAL HOME No. 240

AUDITOR No. 543

LICENSE No. 4526

FUNERAL DIRECTOR'S SIGNATURE

EMBALMER'S NAME R. J. Dellenbach

Disposition Permit Issued / /

Provisional Certificate

Yes No

POST OFFICE
NEW YORK
NOV 21 1914

POST OFFICE
NEW YORK
NOV 21 1914

NOV 21 1914

John

RECEIVED BY
Walter A. M.
DATE

NOV 21 1914