

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

Below for State Office Use

FILED

FEB 16 1969

James E. Campagna
HARRISBURG LAKE COUNTY
LICENSE NO.

EMBALMER'S NAME

John V. Huerter

FUNERAL DIRECTOR'S

Signature

FUNERAL DIRECTOR'S

LICENSE NO. 2497

FUNERAL HOME

No. 286

659389

Assessable Prob. Ad. 2.9. Bl. 8

ly 37-57-10

Local No. 232

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

James E. Campagna
3705 Glenholme
State No. 46323

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

1. Julia (PSEPREGI) Chepregi 2. F 3. 3/31/69 6:45 AM

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

4. W 5a. 77 5b. 5c. APRIL 3 1991 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. EAST CHICAGO 7c. YES 7d. ST CATHERINE HOSPITAL

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

8. HUNGARY 9. U.S.A. 10. NOSES CHEPREGI SR

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

12. 316-18-6297A 13a. HOUSEWIFE 13b. HOME

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

14a. IND 14b. LAKE 14c. HAMMOND 14d. YES 14e. NORTH

STREET AND NUMBER 14f. 6636 COLORADO 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) IS RESIDENCE ON A FARM?

14f. 6636 COLORADO 14g. NO 14h. YES [] NO [X]

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

15. LOUIS MOLNAR 16. LENA GERAB

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

17a. MOSES CHEPREGI SR 17b. HUSBAND 17c. 6636 COLORADO HAMMOND IND

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

18. IMMEDIATE CAUSE

(a) Atherosclerotic Heart Disease with coronary artery insufficiency and congestive heart failure.

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

(b) Diabetes Mellitus

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A). CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. YES [] NO [X]

WILLIAM BIEBER RECORD FEB 16 3 58 PM '69

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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

20. M. 21a.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. A. S. DRAGOMER M.D. 22b. Andrei S. Dragomer, M.D.

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

22c. HAMMOND IND

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

24a. BURIAL 24b. Oak Hill 24c. HAMMOND, INDIANA

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

24d. APR 2 1969 25a. VIRGIL HUNTER 2051 KENNEDY HAMMOND IND 46220

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

26a. G. A. Campagna 26b. 4-2-69

SNH 6-24-2

Disposition Permit Issued / / Provisional Certificate [] Yes [] No

2490