

3 cc / 664421

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 182-82

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

APR 5 1982

Below for Office Use

FILED

FEDERAL HOME
AUDITOR LAKE COUNTY

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Embalmer's Name: Ronald J. Mesarch

FUNERAL DIRECTOR'S SIGNATURE: *M. J. ...*

USUAL RESIDENCE WHERE DECEASED LIVED OR DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION.

DISPOSITION

PARENTS

DECEASED

1. DECEASED—NAME FIRST: Salvatore MIDDLE: Scelsi LAST: Scelsi			2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) February 2, 1982
4. RACE—(a) White, Black, American Indian, etc. (Specify) White	5a. AGE—Last Birthday (Yr.) 88	5b. UNDER 1 YEAR MOSES	5c. UNDER 1 DAY HOURS	6. DATE OF BIRTH (Mo., Day, Yr.) 6/22/1893
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point		7c. HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) Lake County Convalescent Home		7d. IF HOSP. OR INST. Indicate DOA, OP, E, Inst. (Specify) Inpatient
8. STATE OF BIRTH (If not in U.S.A. Name Country) Italy	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Carmela DePhillips	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13. SOCIAL SECURITY NUMBER 313-07-2921		14a. USUAL OCCUPATION (Give kind of work done during most of last long life, even if retired) Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY U. S. Steel Sheet & Tin
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Gary		15d. INSIDE CITY LIMITS (Specify YES OR NO) Yes
15d. STREET AND NUMBER 3559 Delaware Street		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. INSIDE CITY LIMITS (Specify YES OR NO) Yes
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
16. FATHER—NAME FIRST: Michael MIDDLE: Scelsi LAST: Scelsi		17. MOTHER—MAIDEN NAME FIRST: Rosa LAST: Trentida		
18a. INFORMANT—NAME (Type or print) Carmela Scelsi		18b. RELATIONSHIP Wife	18c. MAILING ADDRESS 3559 Delaware Gary Indiana 46409	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery	19c. LOCATION Merrillville, Indiana	
20a. DATE (MONTH, DAY, YEAR) February 5, 1982		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46410		
21a. To the best of my knowledge and belief, I certify that the reporting of this death is true and correct. 21b. (Signature) <i>J. C. Espino</i>		21c. DATE SIGNED (Mo., Day, Yr.) February 3, 1982	21d. HOUR OF DEATH 10:20 P. M.	
21e. NAME OF ATTENDING PHYSICIAN J. C. Espino, M. D.		21f. MAILING ADDRESS—PHYSICIAN 2900 W. 93rd. Avenue, Crown Point, Indiana 46307		
22a. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 2-4-82		
23. IMMEDIATE CAUSE (IN R OR F D NO., CITY OR TOWN, STATE, ZIP) Cerebrovascular Accident due to Congestive Heart Failure 13 months				
24. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause) Hypertension (1969); Terminal Bronchial Palsy with Apnoeic				