

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

70518

4C 72-1365 PB  
Local No. 72-1365

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

G. A. Delph Rd.  
3527 Kelley Rd.  
State Highland  
No. 282

FUNERAL HOME No. 303  
FUNERAL DIRECTOR'S LICENSE No. 1186  
FUNERAL DIRECTOR'S LICENSE No. 250  
EMBALMERS NAME: Robert Miller  
FUNERAL DIRECTOR'S SIGNATURE: R. W. Fagan  
DATE: 9-19-1983  
COUNTY: LAKE COUNTY

1. DECEASED—NAME FIRST MIDDLE LAST SEX <u>John A Schwartz</u> <u>MALE</u>		DATE OF DEATH (MONTH, DAY, YEAR) <u>9-14-1972</u>	
2. RACE <u>WHITE</u>	3a. AGE—LAST BIRTHDAY (YEARS) MO. DAY <u>67</u>	3b. UNDER 1 YEAR MOB. DAYS	3c. UNDER 1 DAY HOURS MIN.
4. CITY, TOWN, OR LOCATION OF DEATH <u>GARY</u>		5. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	6. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>ST. MARY'S MERCY HOSPITAL</u>
7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>SOUTH DAKOTA</u>		8. CITIZEN OF WHAT COUNTRY <u>USA</u>	
9. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION <u>INDIANA LAKE HIGHLAND</u>		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>JESSIE WUBERH</u> 11. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>RETIRED STEELWORKER</u>		13b. KIND OF BUSINESS OR INDUSTRY <u>INLAND STEEL CO.</u>	
14. FATHER—NAME FIRST MIDDLE LAST <u>John Schwartz</u>		15. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Theresa CRUBER</u>	
16. MRS JESSIE Schwartz		17. WIFE	
18. MRS JESSIE Schwartz		17b. WIFE	
17a. MRS JESSIE Schwartz		17b. WIFE	
17c. 9426 CLINE AVE HIGHLAND IND		17d. 9426 CLINE AVE HIGHLAND IND	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Myocardial Infarction</u>		<u>14 Sept 72</u>	
(b) <u>Coronary Artery Disease</u>		<u>15 Sept 72</u>	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 10b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. DATE & TIME OF DEATH <u>Sept 14 1972 1:30 AM</u>		21a. DATE SIGNED <u>Sept 15 1972</u>	
22a. PHYSICIAN'S NAME (TYPE OR PRINT) <u>W. R. SALO, M.D.</u>		21b. SIGNATURE OF PHYSICIAN <u>W. R. Salo, M.D.</u>	
22b. MAILING ADDRESS—PHYSICIAN <u>2705 W. Hubbard Ave Gary Indiana</u>		21c. PHY. CODE NO.	
23. BURIAL, CREMATION, REMOVAL (REPORT TO) <u>BURIAL</u>		24. CEMETERY, CREMATORIUM, FUNERAL HOME LOCATION CITY OR TOWN STATE <u>CALUMET PARK CEMETERY MERRILLVILLE INDIANA</u>	
24a. DATE (MONTH, DAY, YEAR) <u>9-16-1972</u>		24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>FAGEN FUNERAL CARRIERS 2228 Highway #12 HIGHLAND IND</u>	

SUGGEST E 2 N 2 S 2 N E SE  
S 27 T 36 R 9 1AC  
27-19-32

Disposition Permit Issued  
Professional Cost

Sept 15, 1972  
400

