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AUDITOR LAKE COUNTY

EMBALMER'S NAME James Gholston US 23 1983 LICENSE No. 419

FUNERAL HOME No. 242
FUNERAL DIRECTOR'S SIGNATURE Robert [Signature] FUNERAL DIRECTOR'S LICENSE No. 968

LAKE COUNTY HEALTH COMMISSION

425698

Local No. 1363-83

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Merrillville, Ind.
5181 Broadway
Merrillville

State No. 696

DECEASED - NAME 1 ANNA J. BREBRICH		FIRST	MIDDLE	LAST	SEX 2 FEMALE	DATE OF DEATH (MONTH DAY YEAR) 3 AUGUST 19, 1983
RACE - (Is of White Race American? If not, specify) 4 White	AGE - Last Birthday 5a 87	UNDER 1 YEAR 5b MOS 5c DAYS		UNDER 1 DAY 5d HOURS 5e MINS	DATE OF BIRTH (Mo. Day Yr.) 6 Dec. 18, 1896	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville			HOSPITAL OR OTHER INSTITUTION - (Name if not in other give street and number) 7c Broadway Methodist Hospital			IF HOSP OR INST Induce DOA OP (M, Am, Imposition) (Specify) 7d -0-
STATE OF BIRTH (If not in U.S.A name country) 8 Croatia	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Vincent		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 304 70 6471			USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Self	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville				
STREET AND NUMBER 15d 2173 W. 57th Place			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f No	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER - NAME 16 Tom Horvat		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME 17 Jelka Horvat	
INFORMANT - NAME (Type or print) 18a Vincent Brebrich Husband		RELATIONSHIP	MAILING ADDRESS 18b 2173 W. 57th Ave. Merrillville, Indiana		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial			CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cem.		LOCATION 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a August 22, 1983			FUNERAL HOME - NAME AND ADDRESS 20b Stilinovich & Wiatrolik 4213 Broadway Gary, Ind		CITY OR TOWN STATE ZIP	
To the best of my knowledge death occurred at the time, date and place and due to the (Cause) stated 21a Signature: Dr. G. Slama, M.D.				DATE SIGNED (Mo. Day Yr.) 21b 8-22-83	HOUR OF DEATH 21c 4:30 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. G. Slama						
MAILING ADDRESS - PHYSICIAN 21e 6111 Harrison Street Merrillville, Indiana 46410						
HEALTH OFFICER'S SIGNATURE 22a [Signature]					DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 8-23-83	
CONDITIONS WHICH CAUSE IMMEDIATE CAUSE OF DEATH (PART I) 23 Coronary Heart Disease			ENTER ONLY ONE CAUSE PER LINE FOR (b) AND (c) 24		Interval between onset and death unknown	
DUE TO OR AS A CONSEQUENCE OF						
DUE TO OR AS A CONSEQUENCE OF						
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 24						

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