

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 1127-83

**742539**

LAWYERS  
State No. 7700  
JUL 14 1983  
INDIAN STATE BOARD OF HEALTH

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

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

FUNERAL HOME  
No. 245

LICENSE No. 4237  
FUNERAL DIRECTOR'S  
LICENSE No. 723

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
NAME (DATE)  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Mo Day Yr)	
1		GEORGE	BOLESCH		2 Male	3 July 11 1904	
RACE - (See 15a)	AGE - (See 5a)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo Day Yr)	
4 White	5a 78	MO	DA	HOURS	MIN	6 11-10-1904	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number)		COUNTY OF DEATH	
7b Crown Point				7c St. Anthonys Medical Center		7d inpatient	
STATE OF BIRTH (If not in U.S.A. Name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Romania	9 USA		10 married		11 Catheryn Pikofsky		12 no
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 312-05-2590				14a Retired Foreman		14b US Steel Corp.	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION			
15a Indiana		15b Lake		15c Merrillville			
STREET AND NUMBER						IS RESIDENCE ON A FARM?	
15d 2921 West 61st Place						15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
INSIDE CITY LIMITS (Specify Yes or No)							
15f yes							
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
16		George		Bolesch	17		Martha Schlessinger
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	
18a Catheryn Bolesch		18b Wife		2921 West 61st Pl., Merrillville, Ind.		46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION	
19a Burial				19b Calumet Park Cemetery		Merrillville, Indiana	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)	
20a July 5, 1983				20b PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind.		46410	
To the best of my knowledge death occurred at (State and place and due to the cause(s) stated)				DATE SIGNED (Mo Day Yr)		HOUR OF DEATH	
21a <i>E. C. Mirich M.D.</i>				21b 7/6/83		21c 2:35 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d E.C. Mirich M.D.							
MAILING ADDRESS - PHYSICIAN							
21e 521 East 86th Ave., Merrillville, Ind. 46410							
HEALTH OFFICER - SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a <i>Paul Frey M.D.</i>						22b 7-14-83	
PART I IMMEDIATE CAUSE (Enter only one cause per line for (a) and (b))							
23 (a) <i>Cerebral Thrombosis</i>							
DUE TO OR AS A CONSEQUENCE OF							
(b) <i>Atherosclerosis</i>							
DUE TO OR AS A CONSEQUENCE OF							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related to cause given in PART I (a)							
24 <i>Left chest embolus by</i>							

**FILED**

JAN 24 1984

*Lucie O. ...*  
SUNTOR LAKE COUNTY

Interval between onset and death  
6/9/83

Interval between onset and death  
*Year*

Interval between onset and death

AUTOPSY (Specify Yes or No)  
24 no

Legal; BOWY RLTY & INV. CO'S ADD. ALL 2:41 8L:3  
52 2:42  
Below for State Office Use  
THIS COPY IS A TRU AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT  
JUL 14 1983

EMBALMER'S NAME  
Chas. W. Wells  
FUNERAL DIRECTOR'S  
SIGNATURE  
*John D. ...*

DECEASED  
LAKE COUNTY HEALTH

*#018*