

121310-14
 TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 Below for State Office Use
 The north 40 feet of South 80 feet Lot 5 Block 2
 First Sub to Oakington Park
 # 46-121-15
 ON FILE WITH THE LAKE COUNTY HEALTH DEPT. FOR TITLE INSURANCE
 James M. Cholston
 JUN 6 1983
 FUNERAL DIRECTOR'S SIGNATURE: Robert W. Lebioda

LAKE COUNTY HEALTH DEPT. FOR TITLE INSURANCE
 CROWN POINT, INDIANA
 FUNERAL DIRECTOR'S LICENSE NO. 968
 EMBALMER'S NAME: James M. Cholston
 LICENSE NO. 119
 JUN 6 1983

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
 PARENTS
 DISPOSED BY
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
 CAUSE

6c

Return to: Gary Real Estate
 15847 Broadway Merrillville La. 46410
 88-648

Local No. 881-83

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

1365

DECEASED—NAME 1 FIRST: Edwin MIDDLE: Pesdan LAST: Pesdan			SEX Male	DATE OF DEATH (MONTH DAY YEAR) June 5, 1983	
RACE—(to be White, Black, American Indian or (Specify)) 4 White	AGE—Last Birthday 5a 68	UNDER 1 YEAR 4b MOS: 68	UNDER 1 DAY 4c HOURS: 00 MINS: 00	DATE OF BIRTH (Mo Day Yr) 5 May 17, 1916	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number) 7c Broadway Methodist		IF HOSP OR INST (Indicate ODA, OP, IP, etc. in parentheses) (Specify) 7d Inp.	
STATE OF BIRTH (If not in U.S.A. name country) 8 Illinois	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1b Never married	SURVIVING SPOUSE (If wife give maiden name) 1c ---		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Mo, Yr or No) 12 No
SOCIAL SECURITY NUMBER 13 311-01-9536		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Wheel Mill		KIND OF BUSINESS OR INDUSTRY 14b US Steel Gary Wks	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary			
STREET AND NUMBER 15d 2219 Oak Lane			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 16 James Pesdan		MOTHER—MAIDEN NAME 17 Monica			
INFORMANT—NAME (Type or print) 18a Herbert Pesdan Brother		RELATIONSHIP Brother	MAILING ADDRESS 18b 2219 Oak Lane, Gary, Indiana 46408	CITY OR TOWN Merrillville, Ind.	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery		LOCATION 19c Merrillville, Ind.	
DATE (MONTH DAY YEAR) 20a June 8, 1983		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b Stilianovich & Wiatrolik, Gary, Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Henry S. Lebioda, M.D.</i>			DATE SIGNED (Mo Day Yr) 21b June 6, 1983	HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. Henry S. Lebioda M. D.					
MAILING ADDRESS—PHYSICIAN 21e 5190 Broadway, Merrillville, Indiana 46410.					
HEALTH OFFICER (Signature) 22a <i>Robert W. Lebioda</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-6-83		
PART I (a) <i>Atherosclerosis of heart</i> 23 (b) <i>Due to or as a consequence of</i> (c) <i>Due to or as a consequence of</i>					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24	

STATE OF INDIANA S.S. NO. 116108
 LAKE COUNTY HEALTH DEPT. RECORDS
 WILLIAM RECORDS REC-108
 JUN 10 1983

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