

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

795519

Local No. 118-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Stephen M. Brennan
7895 Broadway
Merrillville
State No. _____

FUNERAL HOME No. 245
FUNERAL DIRECTOR'S LICENSE No. 723
EMBALMER'S NAME Chas. W. Wells
FUNERAL DIRECTOR'S SIGNATURE *John S. Brennan*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
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 IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

DECEASED—NAME 1 FIRST ANDREW 2 MIDDLE F. 3 LAST WILUSZ		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) January 15, 1985
RACE—(Is <u>White</u> Black American Indian etc. (Specify)) 4 White	AGE—Last Birthday (Yr) 59	UNDER 1 YEAR 5a MONTHS 5b DAYS	UNDER 1 DAY 5c HOURS 5d MIN.
CITY, TOWN OR LOCATION OF DEATH 7a Merrillville		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c Southlake Methodist Hospital	IF HOSP OR INST. Indiana DOA, CP, Lym, Em, Imp, or Assisted 7d inpatient
STATE OF BIRTH (If not in U.S.A. (Specify)) 8a Pennsylvania	CITIZEN OF WHAT COUNTRY 8b USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8c Married	SURVIVING SPOUSE (If wife give maiden name) 8d Laura Kolodziejczyk
SOCIAL SECURITY NUMBER 13 314-18-3595		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Retired Proprietor	KIND OF BUSINESS OR INDUSTRY 14b Auto Parts
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	STATE OF RESIDENCE 15d IN
STREET AND NUMBER 15d 432 West Ridge Road		IS RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify City or No.) 16b 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 16 FIRST Frank 2 MIDDLE 3 LAST Wilusz		MOTHER—MAIDEN NAME 17 FIRST Pauline 2 MIDDLE 3 LAST Niepokoj	
INFORMANT—NAME (Type or print) 18a Laura M. Wilusz		RELATIONSHIP 18b Wife	MAILING ADDRESS 18c 432 West Ridge Road, Gary, Indiana 46408
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calvary Cemetery	LOCATION 19c Portage, Indiana
DATE (MONTH, DAY, YEAR) 20a January 18, 1985		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410	
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a <i>Manuel B. Gabato M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b 1/16/85	HOUR OF DEATH 21c 7 AM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Manuel B. Gabato M.D.		MAILING ADDRESS—PHYSICIAN 21e 12110 Grant, Crown Point, Indiana 46307	
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 13 1985	
PART I IMMEDIATE CAUSE (a) Cerebral Thrombosis		Interval between onset and death next and old	
(b) General Arteriosclerosis		Interval between onset and death Year	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a)) 23 Dehydration and Diabetes Mellitus		AUTOPSY (Specify Yes or No) 24 no	

40%