

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

KEY 30-50-22
ARSDA PT NW
S29T37R9
B
ALL LOT 20062
C N2 LOT 21
ALL

D
E
F
G
H
I
J
1
2
3
4
5
6
7
8

Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

861811
Local No. 324

FUNERAL HOME
No. 156

FUNERAL DIRECTOR'S
LICENSE No. 1543

EMBALMER'S NAME ERIC PRUSIECKI
FUNERAL DIRECTOR'S SIGNATURE Raymond J. Prusiecki

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

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

4138 Magoun
East Chi Ind
State No. _____

DECEASED—NAME 1. ELSIE		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR) 3. Sept 5, 1985	
RACE—(a) White, (b) Black, American Indian, (c) Other		AGE—Last Birthday (M/Y)		UNDER 1 YEAR		DATE OF BIRTH (Mo., Day, Yr.)	
4. White		5a. 78		5b. 0		5c. 11-28-1906	
CITY, TOWN OR LOCATION OF DEATH 7b. EAST CHICAGO				HOSPITAL OR OTHER INSTITUTION—(Name (if not in other, give street and number)) 7c. ST CATHERINE HOSP		COUNTY OF DEATH 7d. LAKE	
STATE OF BIRTH (if not in U.S.A. name country) 8. POLAND		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. WIDOWED		SURVIVING SPOUSE (if wife, give maiden name) 11. NO	
SOCIAL SECURITY NUMBER 13. 306-03-5223				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. RETIRED		KIND OF BUSINESS OR INDUSTRY 14b. INLAND STEEL CO	
RESIDENCE—STATE 15a. INDIANA		COUNTY 15b. LAKE		CITY, TOWN OR LOCATION 15c. EAST CHICAGO		IS RESIDENCE ON A FARM 15d. 4138 MAGOUN AVE. E. C.	
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME 16. ALEX		MOTHER—MAIDEN NAME 17. CONNIE		MIDDLE		15f. INDIANAPOLIS	
FIRST		FIRST		MIDDLE		15g. INDIANAPOLIS	
INFORMANT—NAME (Type or print) 18a. ANDREW CHUDICK		MAILING ADDRESS 18b. 8712 S. MUSKEGON		CITY OR TOWN CHICAGO		STATE ILLINOIS	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. HOLY CROSS		LOCATION 19c. CALUMET CITY ILL		CITY OR TOWN CHICAGO	
DATE (MONTH, DAY, YEAR) 20a. Sept 9, 1985		FUNERAL HOME—NAME AND ADDRESS 20b. PRUSIECKI F.H. POST OFFICE EAST CHICAGO		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP Box J		CITY OR TOWN CHICAGO	
CERTIFICATION—HEALTH OFFICER E. A. Campagnas				AUTHORITY IC 16-1-174			
1 (DID, DID NOT) VIEW THE BODY AFTER DEATH 21a.		DEATH OCCURRED AT M		THE DECEDENT WAS PRONOUNCED DEAD ON. 21b.		MONTH FILED	
AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED							
21c. NAME AND SIGNATURE		HEALTH OFFICER		CITY		STATE	
MAILING ADDRESS		STREET OR R.F.D. NO.		CITY		TOWN	
21d.		HEALTH OFFICER—SIGNATURE E. A. Campagnas		DATE RECEIVED BY LOCAL HEALTH OFFICER 9/5/85		21e.	
22a.		23. IMMEDIATE CAUSE Hypertensive Cardiovascular Disease		INTER ONLY CAUSE PER LINE FOR (a), (b) AND (c)		Interval between onset and death Several months	
PART I (a)		DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death		Interval between onset and death	
PART I (b)		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
PART I (c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death		Interval between onset and death	
PART II		24		AUTOPSY (Specify Yes or No)		24	