

416212 LD 9-4701 Bamberger, Stodola & Bosch 6944 Indpls Blvd, Hammond, IN 46324

TYPE OR PRINT
PLAINLY WITH
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THIS IS A
PERMANENT
RECORD

8833364

CHICAGO TITLE INSURANCE COMPANY

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 4539

Local No. 754

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

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HAMMOND HEALTH COMMISSIONER

LICENSE No. 409

FUNERAL DIRECTOR'S LICENSE No. 849

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME

NOV 1 1984

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS (SEE HANDBOOK)

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. Rose (Roza) (Gavrilovich) Gillespie			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. Oct. 30, 1984	
RACE—(to g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr) 5a. 86	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. Aug. 15, 1898	
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) 7c. St. Margaret Hospital		IF HOSP. OR INST. Indicate DOA, OP, (Emet. Rm., Institution) (Specify) 7d. Inpatient	
STATE OF BIRTH (if not in U.S.A. name country) 8. Austria	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11. none	IF WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. no	
SOCIAL SECURITY NUMBER 13. 307-46-3854-A		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. Homemaker		
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d. 855 Indiana		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 16. NA Frank Golenik			MOTHER—MAIDEN NAME 17. Katherine		
INFORMANT—NAME (Type or Print) 18a. Mildred Earight-Dau.		RELATIONSHIP 18b. 4923 Catalpa St., Hammond, Ind. 46327	MAILING ADDRESS 18c. Hammond, Ind. 46327		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Oakland Memory Lanes	LOCATION 19c. Dolton, Ind.		
DATE (MONTH, DAY, YEAR) 20a. Nov. 2, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind.			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) George C. Rasch MD			DATE SIGNED (Mo., Day, Yr.) 21b. Nov. 1, 1984	HOUR OF DEATH 21c. 46324	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. George C. Rasch, M. D.					
MAILING ADDRESS—PHYSICIAN 21e. 1644 - 45th Street Munster, Indiana 46321					
HEALTH OFFICER—SIGNATURE 22a. Franklin J. Premuda M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOV 1 1984		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death			
PART I (a) Arteriosclerotic Cardiovascular disease		years			
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(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) Dehydration - Anemia				AUTOPSY (Specify Yes or No) 24. NO	

Key No. 35-288-56 & 57