

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

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION
Local No. **19090748**

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

4006
140438322 LD
All: Donald Gray
1244 1194 State of Ind.
No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Sophie			Talabaj			2. Female	3. Feb. 27, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 89	5b.	5c.	6. 10-11-1980	Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (IF IN EITHER, GIVE STREET AND NUMBER)			
7b. (Whiting P.O.) Hammond			7c. YES	7d. 2113 Lake Avenue			
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)	
8. Austria-Hungary		9. U.S.A.		10. Widowed		11. A. BLASICK	
USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS, INDUSTRY	
12. 309-09-3187D		13a. Housework		13b. Own		12 5899	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. Indiana		14b. Lake		14c. (Whiting P.O.) Hammond		14d. YES	
STREET AND NUMBER				14f. 2113 Lake Avenue			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Unknown						16. Unknown	
INFORMANT—NAME				RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Rudolph Talabay				17b. Son		17c. 2113 Lake Ave., Whiting, Ind. 46394	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) ACUTE MYOCARDIAL INFARCTION		15 min
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		
(b) ARTERIOSCLEROTIC HEART DISEASE		unknown
(c)		
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		19a. no
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19b.

DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED
20a. 2 P. M.	MONTH	DAY	YEAR	HOUR
	FEB.	27	1970	2 P. M.
CERTIFIER—NAME (TYPE OR PRINT)				DATE SIGNED (MONTH, DAY, YEAR)
22a. Peter Stecy, M.D.,				21a. March 2 1970
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN
23. 1902 Indianapolis Blvd.				Whiting
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION: CITY OR TOWN, STATE
24a. Burial		24b. St. John Cemetery		24c. Hammond, Ind. 46394
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		FUNERAL HOME NUMBER
24d. Mar. 3, 1970		24e. Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394		726
FUNDING DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. Irene Baran		25a. Irene Baran		MAR 4 1970

EMBALMER'S NAME: Martin Gabor
LICENSE NO. 4074

FEDERAL DEPARTMENT OF HEALTH SERVICES
LICENSE NO. 702

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.
MAR 4 1970
Date issued
C. E. Jankowski, M.D.
HAMMOND HEALTH COMMISSIONER
234 E. 4th Lake Ave. Hmd
Tel # 34-243-35

FILED

Disposition Permit Issued / /
Provisional Certificate
 Yes No

AUG 03 1988
FEDERAL DEPARTMENT OF HEALTH SERVICES
ADDY LAKE COUNTY