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LICENSE No. FDE1016173
 FUNERAL DIRECTOR'S LICENSE No. FDE1014511
 EMBALMER'S NAME Edgar Gleim
 FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

Local No. **097288** *339*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

001654

DECEASED - NAME Lottie Helen Czaja		SEX Female	DATE OF DEATH Oct. 22, 1987
RACE White	AGE - Last Birthday 72	DATE OF BIRTH Dec. 27, 1914	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH East Chicago		HOSPITAL OR OTHER INSTITUTION St. Catherine Hospital	IF HOSP OR INST indicate DOA OP Enter Am Hospital (Specify) Inpatient
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED - Specify Married	SURVIVING SPOUSE - Give full name Joseph Czaja
SOCIAL SECURITY NUMBER 308-14-4483	USUAL OCCUPATION Home Maker	KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	STREET AND NUMBER 4437 Torrence Ave
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		IS RESIDENCE ON A FARM? NO	
FATHER - NAME Walter Michnal	MOTHER - MAIDEN NAME Helen Derlik	INFORMANT - NAME (Type or print) Joseph Czaja HUS.	
RELATIONSHIP HUS.		MAILING ADDRESS 4437 Torrence Ave. 46327 Hammond, Indiana	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	LOCATION Merrillville, Indiana
DATE Oct. 26, 1987		FUNERAL HOME - NAME AND ADDRESS Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana	
NAME OF ATTENDING PHYSICIAN (Type or print) Jorge J. Martinez, M.D.		DATE SIGNED 10/26/87	HOUR OF DEATH M
MAILING ADDRESS - PHYSICIAN 4320 Fir Street, Suite 410, East Chicago, Indiana 46312		HEALTH OFFICER - SIGNATURE E. A. Campagnano	
DATE RECEIVED BY LOCAL HEALTH OFFICER 10-26-87		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH - UNDERLYING CAUSE LAST	
PART I (a) Cerebrovase stroke.		<p style="text-align: center; font-size: 2em; font-weight: bold;">FILED</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">APR 26 1990</p> <p style="text-align: center;"><i>[Signature]</i> AUDITOR LAKE COUNTY</p>	
PART I (b) Acute Myocardial Infarction			
PART I (c) Coronary Artery Disease			
OTHER SIGNIFICANT CONDITIONS - Conditions coming to light but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	

4.00