LTIC 49829

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

Local No. ....

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

100159

CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.
APR. 30 1990 — Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Constantine Roy Bartolomeo
2. Sex	Male
3. Date of Death (Month, Day, Year)	March 5, 1988
4. Social Security Number	317-09-7294
5a. Age—Last Birthday (Years)	69
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Month, Day, Year)	Nov. 17, 1918
7. Birthplace (City and State or Foreign Country)	Chicago, Illinois
8. Year Last Served in US Armed Forces?	None
9a. Place of Death (Check only one) — Hospital: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☐ Other (Specify)	ER/Outpatient
9b. Facility Name (If not institution, give street and number)	St. Margaret Hospital
9c. City, Town, or Location of Death	Hammond, Indiana
9d. County of Death	Lake
10. Marital Status—Married, Never Married, Widowed, Divorced (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Stella Fronczek
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Metalurgist
12b. Kind of Business/Industry	U.S. Steel
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Merrillville
13d. Street and Number	5585 Jefferson Place
13e. Inside City Limits? (Yes or no)	Yes
13f. Farm	No
13g. Zip Code	46410
14. Was Decedent of Hispanic Origin? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes	No
15. Race—American Indian, Black, White, etc. (Specify)	White
16. Decedent's Education (Specify only highest grade completed) — Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
17. Father's Name (First, Middle, Last)	Arthur Bartolomeo
18. Mother's Name (First, Middle, Maiden Surname)	Constance Stepaniak

INFORMANT

Field	Entry
19a. Informant's Name (Type/Print)	Stella Bartolomeo
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5585 Jefferson Pl., Merrillville, IN 46410
19c. Relationship	Wife

DISPOSITION

Field	Entry
20a. Method of Disposition: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Burial
20b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	March 9, 1988 Ridgelawn Cemetery
20c. Location—City or Town, State	Gary, Indiana
21a. Signature of Funeral Director	[signature]
21b. License Number (of Licensee)	FDE1007231
22. Name, Address and License Number of Funeral Home	Pruzin Funeral Home FDH: 3002453 6260 Broadway, Merrillville, IN 46410

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

Field	Entry
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title	
23b. License Number	
23c. Date Signed (Month, Day, Year)	

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Field	Entry
24. Time of Death	5:42 P.M.
25. Date Pronounced Dead (Month, Day, Year)	March 7, 1988
26. Was Case Referred to Medical Examiner/Coroner? (Yes or no)	Yes

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Severe coronary atherosclerosis	Unknown
b. DUE TO (OR AS A CONSEQUENCE OF):	Cardiomegaly	
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) last.

FILED MAY 10 1990 — Dana N. Anton, Lake County Auditor

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Field	Entry
28a. Was an Autopsy Performed? (Yes or no)	Yes
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	Yes

ROBERT HAY, RECORDER — STATE OF INDIANA, LAKE COUNTY — 1990 MAY 10 — FILED FOR RECORD

CERTIFIER

29a. Certifier (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☒ CORONER ☐ HEALTH OFFICER
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Field	Entry
29b. Signature and Title of Certifier	[signature]
29c. License Number	16120
29d. Date Signed (Month, Day, Year)	March 7, 1988
30. Name and Address of Person Who Completed Cause of Death (Item 27) (Type/Print)	DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Franklin D. Dremuda M.D.
32. Date Filed (Month, Day, Year)	MAR 08 1988

CORONER OR MEDICAL EXAMINER USE ONLY

Field	Entry
33. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homocide ☐ Pending Investigation ☐ Could not be Determined	Natural
34a. Date of Injury (Month, Day, Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	

#45-940-47 Merrillville Est. #1 Lt 47 Bl. 5

4.00

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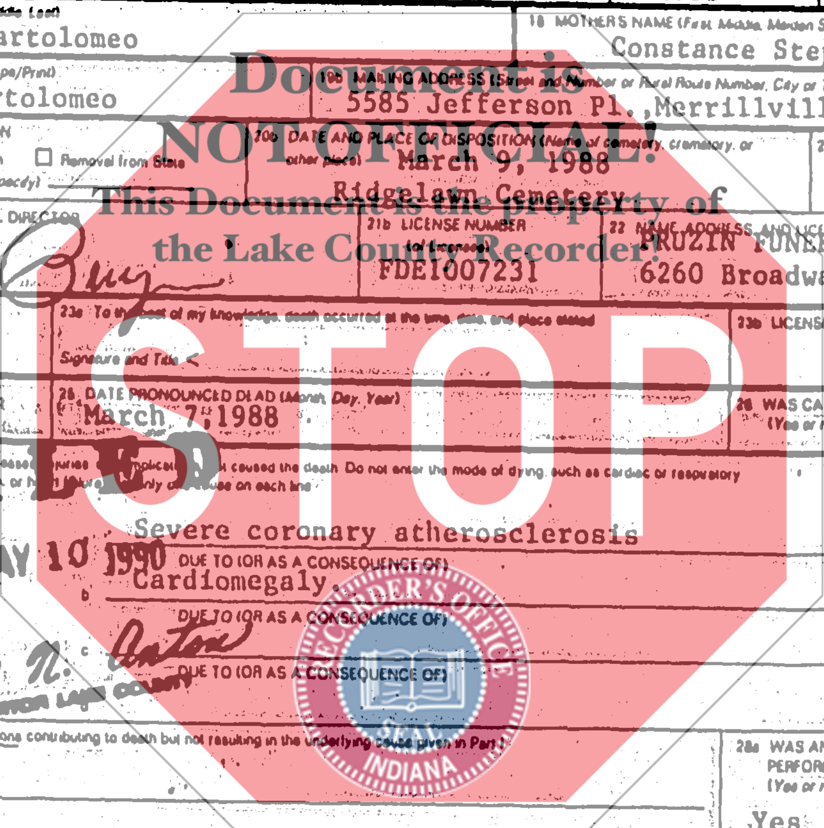
SBH06-004 State Form 10110 (R/10-87) DEATH A/PD I



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