110289

6225 Laurel Ave
Portage, Ind. 46368

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

Local No. 155-79

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	CHARLES PETRITES
2. Sex	Male
3. Date of Death (Month, Day, Year)	January 24, 1979
4. Race	White
5a. Age—Last Birthday (Yrs)	60
6. Date of Birth	9-20-1918
7a. County of Death	Lake
7b. City, Town or Location of Death	Hobart
7c. Hospital or Other Institution	St. Marys Medical Center
7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	Inpatient
8. State of Birth	Oklahoma
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced	Widowed
11. Surviving Spouse	
12. Was Decedent Ever in U.S. Armed Forces?	no
13. Social Security Number	312-05-2288
14a. Usual Occupation	Retired Plant Protection
14b. Kind of Business or Industry	US Steel Corp.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

Field	Entry
15a. Residence—State	Indiana
15b. County	Lake
15c. City, Town or Location	Gary
15d. Street and Number	4954 Massachusetts St.
15e. Is Residence on a Farm?	Yes ☐ No ☒
15f. Inside City Limits	yes
15g. Is Deceased of Spanish Descent?	Yes ☐ No ☒

PARENTS

Field	Entry
16. Father—Name	Stanley Petrites
17. Mother—Maiden Name	Ann Radzville
18a. Informant—Name	Daniel Petrites
18b. Mailing Address	4954 Massachusetts St., Gary, Indiana 46409

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory	Calvary Cemetery
19c. Location	Portage, Indiana
20a. Date	January 27, 1979
20b. Funeral Home—Name and Address	PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature) M.D. or D.O.	Donald M. Phillips
21b. Date Signed	Jan 26, 1979
21c. Hour of Death	3:03 AM
21d. Name of Attending Physician	Donald M. Phillips M.D.
21e. Mailing Address—Physician	1356 S. Lake Park, Hobart, Indiana 46342
22a. Health Officer—Signature	Peter Geacy M.D.
22b. Date Received by Local Health Officer	1-30-79

CAUSE

23. Immediate Cause (Enter only one cause per line for (a), (b) and (c))

PART I (a) renal failure — Interval between onset and death: 15
(b) Due to or as a consequence of
(c) Due to or as a consequence of

PART II Other significant conditions

24. Autopsy

Below for State Office Use
A. B. C. D. E. F. G. H. I. J. 1. 2. 3. 4. 5. 6. 7.

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

Embalmer's Name
Funeral Director's Signature
Funeral Home No. 245
Funeral Directors License No. 723

Lake County Health Officer

Bradshaw-Kuhl 41-106 30+3 EB 31 BOOK 5 PAGE 4237

SBH 06-003
REV. 10/77

6.00