

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 132 91021431

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Joseph U. Perez, Sr.), SEX (Male), TIME OF DEATH (8:00 a.m.), DATE OF DEATH (May 14, 1990), SOCIAL SECURITY NUMBER (312-16-9089), AGE (68), BIRTH DATE (August 29, 1921), BIRTHPLACE (Rouse, Colorado), FACILITY NAME (St. Catherine Hospital), CITY (East Chicago), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Louise Davalos), OCCUPATION (Tool Room Attendant), RESIDENCE (Indiana, Lake, East Chicago, 4845 Euclid Avenue), FATHER'S NAME (Frank Perez), MOTHER'S NAME (Florinda Gayegos), INFORMANT (Louise Perez), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (May 16, 1990, Chapel Lawn Memorial Gardens), EMBALMER'S NAME (Woodrow W. Donovan), SIGNATURE OF FUNERAL DIRECTOR (John P. Ingle), CAUSE OF DEATH (Cardio-respiratory arrest), CERTIFIER (Sami Ahmadzai, M.D.), HEALTH OFFICER (Dr. Jim Raskovitch), MANNER OF DEATH (Natural), DATE OF INJURY (MAY 6 1991), PLACE OF INJURY (Calumet Add, East Chicago), DATE PRONOUNCED DEAD (MAY 6 1991).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED