

COSTA-SAKE PARIS + GUYDAN
 5625 Hohman
 11/11/82 4:30

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

93040615

Local No. 136

State No.

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

FUNERAL HOME
 No. 156

FUNERAL DIRECTOR'S
 LICENSE No. 1543

LICENSE No. 419

EMBALMER'S NAME JAMES W. GHOLSTON

FUNERAL DIRECTOR'S
 SIGNATURE Raymond Pawiecki

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
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28-461-8 Englewood Condominiums Apt #8 (900 Bldg)
 of apartment 30th and Be. 1st, 1
 Ex. E. 4324
 6/24/93 JWG

DECEASED—NAME 1. Andrew Sage		SEX Male		DATE OF DEATH (MONTH DAY YEAR) 3-8-82	
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify) 4. WHITE		AGE—Last Birthday (Year) 5a. 70		DATE OF BIRTH (Mo Day Yr) 5. DEC. 2, 1911	
CITY, TOWN OR LOCATION OF DEATH 7b. EAST CHICAGO IND.		HOSPITAL OR OTHER INSTITUTION—Name (If not on page 1 of 1000 list and number) 7c. ST CATHERINE HOSP.		COUNTY OF DEATH 7d. LAKE	
STATE OF BIRTH (If not in U.S.A. Name Country) 8. NEW YORK		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 11. VIOLET BORKLA	
SOCIAL SECURITY NUMBER 13. 306-03-3573		USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) 14a. RETIRED		KIND OF BUSINESS OR INDUSTRY 14b. INLAND STEEL CO.	
RESIDENCE—STATE 16a. INDIANA		COUNTY 15b. LAKE		CITY, TOWN OR LOCATION 15c. MUNSTER INDIANA	
STREET AND NUMBER 18a. 900 CAMELIA DR. MUNSTER, IND. 46321		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f. YES	
PARENTS 16. ANDREW SAGE SR.		MOTHER—MAIDEN NAME 17. ROSE POLGAR			
INFORMANT—NAME (Type or print) 18a. VIOLET SAGE		RELATIONSHIP WIFE		MAILING ADDRESS—STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 900 CAMELIA DR. MUNSTER IND. 46321	
DISPOSITION 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. CHAPEL LAWN MEMORIAL GARDEN		LOCATION—CITY OR TOWN STATE ZIP 19c. SCHERVILLE IND.	
DATE (MONTH, DAY YEAR) 20a. THUR. MARCH 11, 1982		FUNERAL HOME—NAME AND ADDRESS 20b. PRUSIECKI FUNERAL HOME P.O. BOX J EAST CHICAGO IND. 46312			
M.D. OR D.O. 21a. NAME OF ATTENDING PHYSICIAN (Type or Print) C. J. [Signature]		DATE SIGNED (Mo Day Yr) 21b. JUN 24 1982		HOURS OF DEATH 21c. 9:56 PM	
HEALTH OFFICER—SIGNATURE 22a. [Signature]		DATE SIGNED BY LOCAL HEALTH OFFICER 22b. JUN 24 1982		STATE OF INDIANA / LAKE COUNTY / FILED FOR RECORD	
CONDITIONS IF ANY WHICH GAVE RISK TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST 23. IMMEDIATE CAUSE (WITH ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) Acute Coronary Arteriosclerosis (b) Massive Coronary Arteriosclerosis (c) [Blank]		AUDITOR LAKE COUNTY A. N. [Signature]		Interval between onset and death Second [Signature]	
CAUSE PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24. [Blank]		AUTOPSY (Specify Yes or No) 24. [Blank]		Interval between onset and death [Signature]	