

Barbara Crtiz 2339 Spencer  
Lake Station  
No. 405050

Local No. **1533-87** MEDICAL CERTIFICATE OF DEATH

UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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Key# 17-198-5  
Chirila's 1st Add to Hobart  
2.5

LICENSE No. FDE 8600652  
FUNERAL DIRECTOR'S LICENSE No. FDE 1041083  
PETER N. MORIKIS  
SIGNATURE *[Signature]*

FUNERAL HOME  
No. FDH3003069

TYPE OF PRINT IN PERMANENT FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IN WHICH DEATH OCCURRED  
CAUSE LAST

CAUSE

DECEASED - NAME <b>STELLA R. CHIRILA</b>		SEX <b>F</b>	DATE OF DEATH <b>AUGUST 17, 1987</b>
RACE <b>WHITE</b>	AGE <b>66</b>	DATE OF BIRTH <b>7-29-1921</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>HOBART</b>		HOSPITAL OR OTHER INSTITUTION <b>ST. MARY MEDICAL CENTER</b>	INPATIENT <b>NO</b>
STATE OF BIRTH <b>INDIANA</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	SURVIVING SPOUSE <b>JOHN CHIRILA</b>
SOCIAL SECURITY NUMBER <b>314-05-3783</b>	USUAL OCCUPATION <b>HOMEMAKER</b>	EMP OF BUSINESS OR INDUSTRY <b>N/A</b>	
RESIDENCE - STATE <b>INDIANA</b>	CITY, TOWN OR LOCATION <b>LAKE HOBART</b>	IS RESIDENCE ON A FARM? <b>NO</b>	
STREET AND NUMBER <b>3109 W. RIDGE ROAD</b>	ZIP CODE <b>46342</b>		UNINCORPORATED CITY LIMITS <b>YES</b>
IS DECEASED OF SPANISH DESCENT? <b>NO</b>			
FATHER - NAME <b>ADAM KALCZYNSKI</b>		MOTHER - MARRIED NAME <b>JULIA KACZMAREK</b>	
INFORMANT - NAME <b>JOHN CHIRILA</b>		RELATIONSHIP <b>HUSBAND</b>	MAILING ADDRESS <b>3109 W. RIDGE ROAD HOBART INDIANA 46342</b>
BURIAL, CREMATION, REMOVAL, OTHER <b>CREMATION</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>CALVARY CREMATORY</b>	LOCATION <b>PORTAGE, INDIANA</b>
DATE <b>AUGUST 21, 1987</b>		FUNERAL HOME - NAME AND ADDRESS <b>REES FUNERAL HOME, 600 W. RIDGE ROAD, HOBART, IN</b>	
NAME OF ATTENDING PHYSICIAN <b>DR. R. L. BILENA, JR., M.D.</b>		DATE SIGNED <b>8-19-87</b>	HOUR OF DEATH <b>5:20 PM</b>
MAILING ADDRESS - PHYSICIAN <b>5490 BROADWAY, MERRILLVILLE, INDIANA 46410</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>8-20-87</b>	
PART I IMMEDIATE CAUSE <b>Cardio-respiratory arrest</b>		PART II OTHER SIGNIFICANT CONDITIONS <b>Chronic myocardial</b>	

SBH 06-003 State Form 35430  
REV. 10/77

**FILED**  
JAN 27 1995  
SAM CRICH  
AUDITOR LAKE COUNTY

600

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LAKE COUNTY RECORDER  
MERRILLVILLE, INDIANA  
FILED FOR RECORD

THIS CERTIFIES THE ABOVE IS A COMPLETE COPY OF THE DEATH ON FILE WITH THE HEALTH DEPT.  
LAKE COUNTY HEALTH DEPARTMENT  
MERRILLVILLE, INDIANA  
LAKE COUNTY HEALTH COMMISSIONER