Bk Ore, Merr 1000 E 80th Pl, Merr

193359

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Local No. 1107-82 State No.

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TICOR TITLE INSURANCE Crown Point, Indiana

EMBALMER'S NAME Ja mes Cholston LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE Robert Wathlich FUNERAL DIRECTOR'S LICENSE No. 968

FUNERAL HOME No. 242

DECEASED

1. DECEASED—NAME: JOVAN PUNDRICH
2. SEX: MALE
3. DATE OF DEATH: JULY 18,1982
4. RACE: White
5. AGE: 87
6. UNDER 1 YEAR: months / days
7. UNDER 1 DAY: hours / minutes
8. DATE OF BIRTH: March 7,1895
9. COUNTY OF DEATH: Lake
10. CITY, TOWN OR LOCATION OF DEATH: Hobart
11. HOSPITAL OR OTHER INSTITUTION: St. Mary Med. Center
12. If not in hospital or institution, give street address: Inpatient
13. BIRTHPLACE: Jugoslavia
14. CITIZEN OF WHAT COUNTRY: USA
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SURVIVING SPOUSE: Regina Wawrzyniak
17. SOCIAL SECURITY NUMBER: 306 09 7936
18. USUAL OCCUPATION: Retired
19. KIND OF BUSINESS OR INDUSTRY: Barber Shop
20. RESIDENCE—STATE: Indiana
21. COUNTY: Lake
22. CITY, TOWN OR LOCATION: Lake Station
23. STREET AND NUMBER: 2627 Ripley Street
24. IS RESIDENCE ON A FARM? ☐ YES ☒ NO
25. If DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: DO
26. DECEASED OF SPANISH DESCENT? ☐ YES ☒ NO

PARENTS

27. FATHER—NAME: Peter Pundrich
28. MOTHER—MAIDEN NAME: not available
29. INFORMANT—NAME: Regina Pundrich
30. RELATIONSHIP: Wife
31. MAILING ADDRESS: 2627 Ripley St. Lake Station, Indiana

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER: Cremation
33. CEMETERY OR CREMATORY—FUNERAL HOME: Oak Hill Crematory
34. LOCATION: Gary, Indiana
35. DATE: July 21,1982
36. FUNERAL HOME—NAME AND ADDRESS: Stilinovich, Palmer & Wiatrolik 4213 Bdwy. Gary, Indiana
37. DATE SIGNED: 7-19-82

M.D. OR D.O.

38. NAME OF ATTENDING PHYSICIAN: Dr. Barton
39. ADDRESS: 6101 Miller Ave. Gary, Indiana
40. DATE RECEIVED BY LOCAL REGISTRAR: 7-19-82

CAUSE

PART I

41. DUE TO, OR AS A CONSEQUENCE OF: Probable myocardial infarction
42. DUE TO, OR AS A CONSEQUENCE OF:
43. DUE TO, OR AS A CONSEQUENCE OF:

PART II

44. OTHER SIGNIFICANT CONDITIONS: Chronic obstruction lung disease. Transitional cell carcinoma of bladder

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

14-20-71-17-18

Dr. Barton

Teresa

JUN 6 1995

SAM ORLICH
AUDITOR LAKE COUNTY

000293

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