ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Savorka Ilic
4146 Homerlee St.
East Chicago, In. 46312

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 95-324 State No. ……

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Slavko Ilic
2. Sex	Male
3a. Time of Death	6:58 a.m.
3b. Date of Death (Month, Day, Yr.)	November 8, 1995
4. Social Security Number	317-32-6848
5a. Age—Last Birthday (Years)	82
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo, Day, Yr)	July 17, 1913
7. Birthplace (City and State or Foreign Country)	Yugoslavia
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	n/a
9a. Place of Death (Check only one. See instructions)	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. Facility Name (If not institution, give street and number)	4146 Homerlee Street
9c. City, Town, or Location of Death	East Chicago
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Javorka Mitrovic
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Crane Operator
12b. Kind of Business/Industry	L T V Steel Co.
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	East Chicago
13d. Street and Number	4146 Homerlee Street
13e. Zip Code	46312
13f. Inside City Limits	☐ No ☒ Yes
13g. On a Farm?	☒ No ☐ Yes
14. Citizen of What Country	U.S.A.
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	White
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	n/a

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	Milija Ilic
19. Mother's Name (First, Middle, Maiden Surname)	Maria Petrasinovic

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Javorka Ilic
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4146 Homerlee St. East Chicago, IN
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	November 11, 1995 St Sava Cemetery
21c. Location—City or Town, State	Libertyville, IL
22a. Embalmer's Name	Charles W. Wells
22b. Embalmer's License No.	FD0104372
23. Was Death Reported to Coroner?	☐ No ☒ Yes
24a. Signature of Funeral Director	David J. Pastrick
24b. License Number (of Licensee)	FD08800012
25. Name, Address, and License Number of Funeral Home	Oleska-Pastrick Funeral Home, 3834 Elm St., East Chicago, FH 55

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Emphysema	(3) [illegible]
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	No
28a. Was an Autopsy Performed? (Yes or no)	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	No

CERTIFIER

29a. Certifier (Check only one)

- ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Field	Entry
29b. Signature and Title of Certifier	X John George MD
29c. Medical License No.	X 01031470
29d. Date Signed (Month, Day, Year)	11-9-95
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Dr. John W. George, M.D., 7905 Calumet Avenue, Munster, Indiana 46321

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Dr. Tomislav Rankovich
32. Date Filed (Month, Day, Year)	11-9-95

Field	Entry
33. Manner of Death	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. Date of Injury (Month, Day, Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

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FILED NOV 13 1995 SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 NOV 13 AM 10:57 [illegible] RECORDER

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Kupt# 30-468-17

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