

Hammond Steel City Add

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL RECORDS

Local No. 384

Key # 34-33-12

MEDICAL CERTIFICATE OF DEATH

State No.

016985

1. PLACE OF DEATH
 a. COUNTY Lake Unit # 26
 b. CITY, TOWN, OR LOCATION Hammond
 c. CITY, TOWN, OR LOCATION Hammond
 d. NAME OF HOSPITAL OR INSTITUTION 4036 Torrence Ave
 e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

2. USUAL RESIDENCE (Where deceased lived, if institution: Name of institution)
 a. STATE Ind b. COUNTY Lake
 3. NAME OF DECEASED (Type or print) Daniel (Stephenson) Stepanovich
 4. DATE OF DEATH 5-22-1964

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED 8. DATE OF BIRTH 6-27-1902 9. AGE (In years last birthday) 61
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or on if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Cement 11. BIRTH PLACE (State or foreign country) East Chicago, Ind.

12. CITIZEN OF WHAT COUNTRY? USA
 13. FATHER'S NAME Iedor Stepanovich 14. MOTHER'S MAIDEN NAME Unknown
 15. WAS DECLARED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 018755 17a. INFORMANT'S NAME Mrs Frances Stepanovich

17b. INFORMANT'S ADDRESS 4036 Torrence Ave 17c. RELATIONSHIP TO DECLARED Wife

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: acute heart failure
 IMMEDIATE CAUSE (a) acute general arteriosclerosis
 (b) Arteriosclerosis
 (c) Arteriosclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF NOT RELATED TO THE TERMINAL ILLNESS CONDITION GIVEN IN PART I)
 19. INTERVAL BETWEEN ONSET AND DEATH 96 HOURS
 20. WAS AUTOPSY PERFORMED? YES NO

21. ACCIDENT SUICIDE HOMICIDE 22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
 23. TIME OF INJURY Hour Month Day Year
 24. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 25. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) SAM ORLICH TOWN, OR LOCATION AUDITOR LAKE COUNTY COUNTY STATE

26. ATTENDING PHYSICIAN: I certify that I attended the deceased from 4-21-64 to 5-22-64 and last saw her alive on 5-21-64. Death occurred at 10:30 (C.M.S.T.) on the date stated above, and to the best of my knowledge, from the causes stated.
 27. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at 10:30 (C.M.S.T.) from causes stated and on above date.

28a. Signature S. J. Turner M.D. 28b. ADDRESS East Chicago, Ind. 28c. DATE SIGNED 5-23-64
 29. RURAL CREMATION (If none, skip) None 29a. DATE 5-27-1964 29b. NAME OF CEMETERY OR CREMATORY Calumet Park 29c. LOCATION Crown Point
 DATE RECD BY LOCAL HEALTH OFFICER MAY 25 1964 SIGNATURE OF DEATH OFFICER J. Smith M.D. SIGNATURE OF FUNERAL DIRECTOR Charles Funeral Home (001-33) CS