

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 94-399

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS INFORMANT

DISPOSITION

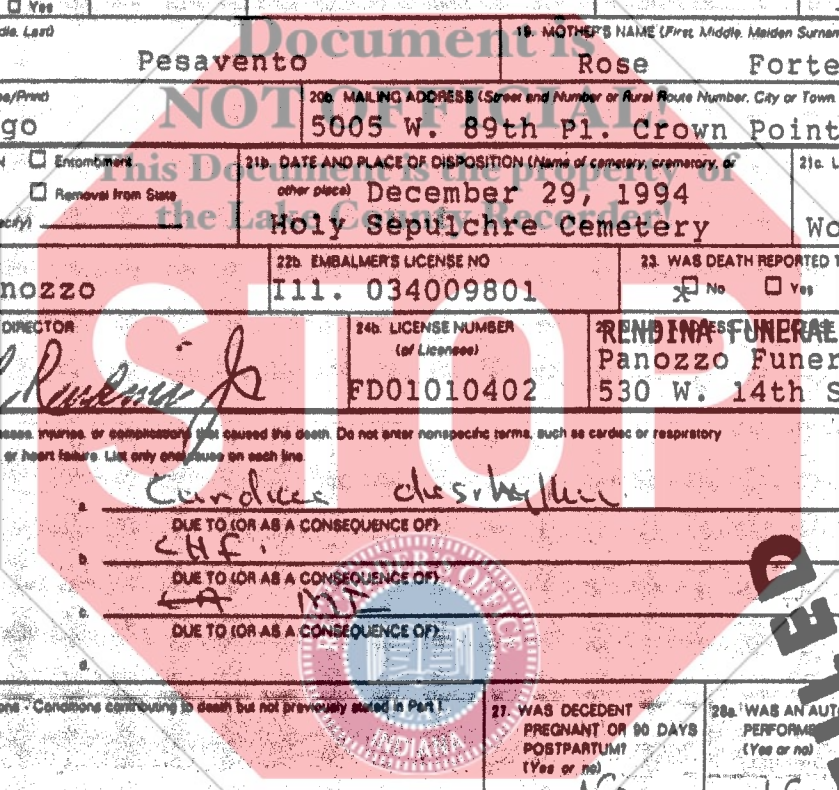
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Victoria M. Frigo		2 SEX Female	3a TIME OF DEATH 10:25a	3b DATE OF DEATH (Month, Day, Yr) December 26, 1994	
4 SOCIAL SECURITY NUMBER 324-32-6878	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 8, 1913	
7 BIRTHPLACE (City and State or Foreign Country) Wilkes-Barre, Pa.	8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		
8c PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) St. Catherine Hospital		9b CITY, TOWN OR LOCATION OF DEATH East Chicago	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Munster	13d STREET AND NUMBER 9449 Fran Lin Parkway		
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Pasquale Pesavento			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Rose Forte		20a INFORMANT'S NAME (Type/Print) Louis Frigo			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5005 W. 89th Pl. Crown Point, IN 46307		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 29, 1994 Holy Sepulchre Cemetery		21c LOCATION—City or Town, State Worth, Indiana	
22a EMBALMER'S NAME Phillip Panozzo		22b EMBALMER'S LICENSE NO. 111. 034009801		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony L. Rudnicki</i>		24b LICENSE NUMBER (of Licensee) FD01010402		24c FUNERAL HOME OF FUNERAL HOME Panozzo Funeral Home 111. 034009801 530 W. 14th St. Chicago Hgts, IL	
25. PART I Enter the disease, 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. Cerebral cholestasis a. DUE TO (OR AS A CONSEQUENCE OF) CHF b. DUE TO (OR AS A CONSEQUENCE OF) LA MF c. DUE TO (OR AS A CONSEQUENCE OF)					
25. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
26. IMMEDIATE CAUSE (Final disease or condition resulting in death)		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No			
26. CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No			
26. IMMEDIATE CAUSE (Final disease or condition resulting in death)		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CRSE OF DEATH? (Yes or no)			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		29b. MEDICAL LICENSE NO. 01032690			
29c. DATE SIGNED (Month, Day, Year) 12/27/94		29d. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Sami Ahmedzai 1924 Shields Blvd. Hammond, IN 46323					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Siniatoro Rankovich</i>				32. DATE FILED (Month, Day, Year) 12-27-94	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. 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.			

Vertical handwritten notes on the left margin, including "I can't find the record" and "Bl of 29".



Vertical text on the right margin: "STATE OF INDIANA LAKE COUNTY FILED FOR RECORD RECORDED 96 MAY 10 PM 11:30 AM 1994".

Handwritten numbers and initials at the bottom right: "000780" and "9/25/94".