

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 281

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 DECEASED-NAME (First Middle Last) Edward Andrew Sajdera | | 2 SEX Male | | 3a TIME OF DEATH 8:17PM | | 3b DATE OF DEATH (Month Day Yr) October 18, 1996 | |
| 4 SOCIAL SECURITY NUMBER 310-22-4002 | | 5a AGE - Last Birthday (Years) 72 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | |
| 6 DATE OF BIRTH (Mo Day Yr) Aug 29, 1924 | | 7 BIRTHPLACE (City and State or Foreign Country) Calumet City, IL | | | | | |
| 8a WAS DECEDENT A U.S. VETERAN? Yes | | 8b YEAR LAST SERVED IN U.S. ARMED FORCES 1946 | | 9a PLACE OF DEATH (Check only one - See instructions) | | | |
| | | HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | |
| 9b FACILITY NAME (If not institution, give street and number) St. Catherine Hospital | | | | 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) Vivian Proch | | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Security Guard | | 12b KIND OF BUSINESS INDUSTRY Security | |
| 13a RESIDENCE - STATE IN | | 13b COUNTY Lake | | 13c CITY TOWN OR LOCATION Hammond | | 13d STREET AND NUMBER 3332 - 165th. Street | |
| 13e ZIP CODE 46323 | | 13f INSIDE CITY LIMITS <input 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.) | |
| 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 16 RACE - American Indian, Black, White, etc. (Specify) White | | 17 DECEASED'S EDUCATION (Specify only highest completed) Elementary/Secondary (0-12) 9 College (1-4 or 6+) 2 | | | |
| 18 FATHER'S NAME (First, Middle, Last) Frank Sajdera | | | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Sobczak | | | |
| 20a INFORMANT'S NAME (Type/Print) Vivian Sajdera | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3332 - 165th, Hammond, IN 46323 | | | | 20c Relationship Wife | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) Oct 21, 1996 St. John Cemetery | | | | 21c LOCATION - City or Town - State Hammond, Indiana | |
| 22a EMBALMER'S NAME James W. Gholston | | 22b EMBALMER'S LICENSE NO. 1004194 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>John A. Huber</i> | | 24b LICENSE NUMBER (of Licensee) 1045362 | | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323 | | | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PRIMARY VENTRICULAR FIBRILLATION DUE TO (OR AS A CONSEQUENCE OF) b. CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause stating the underlying cause last c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ | | 27 WAS DECEASED 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 | |
| 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 SIGNATURE AND TITLE OF CERTIFIER <i>Miguel A. Gambetta</i> | | 29c MEDICAL LICENSE NO. 01025594 | | 29d DATE SIGNED (Month Day Year) 10/21/96 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Miguel A. Gambetta, 4320 Fir, East Chicago, IN | | 31 HEALTH OFFICER'S SIGNATURE <i>Dr. Jonathan AUBRY</i> | | 32 DATE FILED (Month Day Year) 10-22-96 | | | |
| 33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month Day Year) | | 34b INJURY AT WORK? (Yes or no) No | | 34c DESCRIBE HOW INJURY OCCURRED | |
| | | 34d PLACE OF INJURY - At home, farm, street, factory, building, etc. (Specify) | | 34e LOCATION (Street and Number or Rural Route Number City or Town State) 9600 S | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No | | 001214 | | | |

DECEDENT

PARENTS

INFORMANT

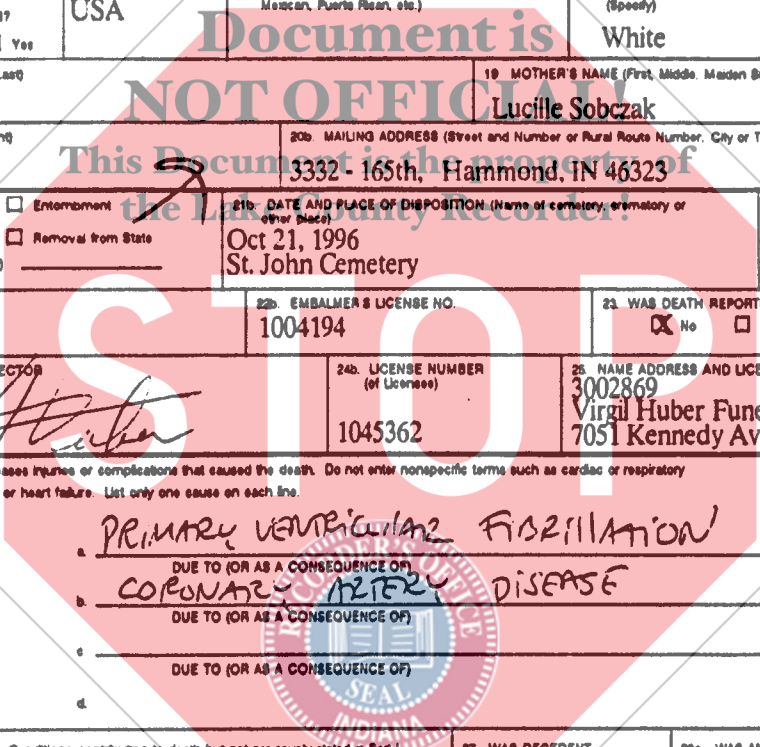
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

#32-3-10



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MORRIS W. CARTER
RECORDER
OCT 25 AM 10:06

FILED
OCT 26 1996
LAKE COUNTY