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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

207871
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EMBALMER'S NAME William E. Burdan

LICENSE No. 769

FUNERAL DIRECTOR'S SIGNATURE *William E. Burdan*

FUNERAL DIRECTOR'S LICENSE No. 969

FUNERAL HOME No. 216

Local No. 540-82

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME 1 Walter Mark Yablonowski		SEX Male	DATE OF DEATH MONTH DAY YEAR April 4th, 1982
RACE White	AGE - Last Birthday 66	DATE OF BIRTH MONTH DAY YEAR July 15, 1915	CITY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Cedar Lake		HOSPITAL OR OTHER INSTITUTION - Name of hospital, give street and number 13340 Osborn Street	
STATE OF BIRTH Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED, WIDOWED DIVORCED, SEPARATED Married	SURVIVING SPOUSE or only one maiden name Alyce Dywan
SOCIAL SECURITY NUMBER 365-30-3023		USUAL OCCUPATION Self-employed	KIND OF BUSINESS OR INDUSTRY Cedar Lake Monastery G.C.
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Cedar Lake	
STREET AND NUMBER 13340 Osborn Street		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME Guz	MOTHER - MARIEN NAME (Unknown) Yablonowski	MOTHER - MAIDEN NAME Kathryn (Unknown) Carter	
INFORMANT - NAME Alyce Yablonowski	MAILING ADDRESS 13340 Osborn Street	CITY OR TOWN Cedar Lake, Indiana	STATE 46303
DISPOSITION Burial	CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Memorial Gardens	LOCATION Schererville, Indiana	
DATE April 6th, 1982	FUNERAL HOME - NAME AND ADDRESS Burdan Funeral Home, 12901 Wicker Avenue, Ind. 46303	CITY OR TOWN STATE Cedar Lake, Ind. 46303	
NAME OF ATTENDING PHYSICIAN Robert W. King, M.D.	DATE SIGNED 4/19/82	HOUR OF DEATH 6 PM	
MAILING ADDRESS - PHYSICIAN 13301 LINCOLN ROAD CEDAR LAKE, IND. 46303	HEALTH OFFICER - SIGNATURE <i>Paul J. H.D.</i>		
DATE RECEIVED BY LOCAL HEALTH OFFICER 4-12-82	CAUSE Cerebral aneurysm		
OTHER SIGNIFICANT CONDITIONS - Conditions not reported to death but relevant to cause given in Part I ASTROCYTOMA, l, lt frontal			

SBH 04 003
REV 10/77

Key 24-4-15, 24-6-31

LAKE COUNTY HEALTH COMMISSIONER