

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
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Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME RAYMOND PRUSIECKI

LICENSE No. 3951  
FUNERAL DIRECTOR'S LICENSE No. 1543  
FUNERAL HOME LICENSE No. 156  
FUNERAL HOME SIGNATURE Raymond Prusiecki

STATE OF INDIANA  
LAKE COUNTY  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 246  
2000 008210  
2001 FEB 16 11:00 AM

State No. \_\_\_\_\_

DECEASED NAME: FLORENCE JELSKI  
SEX: FEMALE  
DATE OF DEATH (MONTH, DAY, YEAR): JUNE 30, 1985  
COUNTY OF DEATH: LAKE

RACE: WHITE  
AGE: 54  
DATE OF BIRTH (Mo., Day, Yr.): SEPT. 26, 1930

CITY, TOWN OR LOCATION OF DEATH: EAST CHICAGO  
HOSPITAL OR OTHER INSTITUTION: 4107 GRACE STREET

STATE OF BIRTH: INDIANA  
CITIZEN OF WHAT COUNTRY: U.S.A.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED  
SURVIVING SPOUSE: ADAM

SOCIAL SECURITY NUMBER: 311-26-2725  
USUAL OCCUPATION: sorter  
KIND OF BUSINESS OR INDUSTRY: screw & bolt f

RESIDENCE—STATE: INDIANA  
COUNTY: LAKE  
CITY, TOWN OR LOCATION: EAST CHICAGO

STREET AND NUMBER: 4107 GRACE STREET  
IS RESIDENCE ON A FARM? YES  NO

IS DECEASED OF SPANISH DESCENT? YES  NO  (SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.)

FATHER—NAME: JOSEPH BENJAMIN  
MOTHER—MAIDEN NAME: ANNA UNAVAI

INFORMANT—NAME: ADAM JELSKI  
MAILING ADDRESS: 4107 GRACE STREET EAST CHICAGO, INDIANA 46312

BURIAL CREMATION, REMOVAL, OTHER: BURIAL  
CEMETERY OR CREMATORY—FUNERAL HOME: CALVARY CEMETERY  
LOCATION: PORTAGE

DATE (MONTH, DAY, YEAR): JULY 2, 1985  
FUNERAL HOME—NAME AND ADDRESS: PRUSIECKI, P. O. BOX J, EAST CHICAGO, INDIANA

DATE SIGNED: 7-1-85  
HOUR OF DEATH: \_\_\_\_\_

NAME OF ATTENDING PHYSICIAN: ROSITA L. JAVATE M.D.  
MAILING ADDRESS—PHYSICIAN: \_\_\_\_\_

HEALTH OFFICER—SIGNATURE: C. A. Compagnone, M.D.  
DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-1-85

IMMEDIATE CAUSE: Coronary Artery Disease  
DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS: \_\_\_\_\_

SBH 06-003  
REV. 10/77

Adam E. Jeliski

4107 Grace St. East Chicago, In. 46312

CK#

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