

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____

B _____

C _____

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Disposition Permit
Issued / /

Provisional
Certificate

Yes No

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Sarah Esmerian
3413 Fir St.
State No. E. 480 4632

Local No. 128-76

FUNERAL HOME
No. 156

FUNERAL DIRECTOR'S
LICENSE No. 3951
FUNERAL DIRECTOR'S
LICENSE No. 1543

EMBALMER'S NAME. RAYMOND PRUSIECKI

FUNERAL DIRECTOR'S
SIGNATURE

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. David Sarkisian		2. Male			3. 2-2-76		
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. WHITE	5a. 82	5b.	5c.	6. May 26, 1893	7a. LAKE		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. MUNSTER		7c. YES	7d. MUNSTER MED-INN				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. ARMENIA		9. U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. ANGIN	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 306-03-3165		13a. steel worker		13b. steel mfg. plant			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. INDIANA	14b. Lake	14c. EAST CHICAGO		14d. yes	14e. North 2		
STREET AND NUMBER		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		14h. IS RESIDENCE ON A FARM?			
14f. 3713 Fir Street		no		none		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST					
15. UNAVAILABLE		16. UNAVAILABLE					
INFORMANT—NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)				
17a. SARA SARKISIAN		17b. DAUGHTER	17c. 3713 Fir St., East Chicago Ind. 46312				
PART I. DEATH WAS CAUSED BY.		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE		(a) Acute Myocardial Infarction			14		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE LYING CAUSE		(b) Arteriosclerotic Heart Disease					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH
APR 2, 2000					19a.		FILED FOR RECORD
DATE & TIME OF DEATH DAY YEAR HOUR		DATE SIGNED		MONTH	DAY	YEAR	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
20. 2 2 76 10:00 P M		21a. 2 3 76		21b. 2 3 76		APR 28 1976	
M. D. OR D. O.		PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
22a. L.E. BOMBAR, M.D.		22b. [Signature]		22c. MUNSTER, INDIANA		46321	
MAILING ADDRESS—PHYSICIAN		STREET OR R. F. D. NO.		CITY OR TOWN		STATE ZIP	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE	
24a. BURIAL		24b. ELMWOOD CEMETERY		24c. HAMMOND INDIANA			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)			
24d. FEB. 5, 1976		25a. PRUSIECKI Funeral Home, P. O. BOX J, East Chicago, Indiana 46312					
25b. HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
25c. [Signature]		25d. 2-9-76					

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