X 620002892 Key No. 24-30-370-18

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 179

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): MARY O. PASTRICK			2 SEX: Female	3a TIME OF DEATH: 5:53 P M	3b DATE OF DEATH (Month, Day, Yr): June 24, 2000
4 *SOCIAL SECURITY NUMBER: 314 - 16 - 5589	5a AGE—Last Birthday (Years): 2000 055691	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Mo, Day, Yr): Sept. 6, 1907	7 BIRTHPLACE (City and State or Foreign Country): Austria
8a WAS DECEDENT A U.S. VETERAN?: No	8b YEAR LAST SERVED IN U.S. ARMED FORCES?: n / a	9a PLACE OF DEATH (Check only one. See instructions): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence			
9b FACILITY NAME (If not institution, give street and number): 3934 Elm Street		9c CITY, TOWN OR LOCATION OF DEATH: East Chicago		9d COUNTY OF DEATH: Lake	
10 MARITAL STATUS (Specify): Widowed	11 SURVIVING SPOUSE (If wife, give maiden name): n / a	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Self-Employed/Funeral Dir.		12b KIND OF BUSINESS/INDUSTRY: Oleska-Pastrick F.H.	
13a RESIDENCE—STATE: Indiana	13b COUNTY: Lake	13c CITY, TOWN, OR LOCATION: East Chicago		13d STREET AND NUMBER: 3934 Elm Street	
13e ZIP CODE: 46312	13f INSIDE CITY LIMITS? ☐ No ☒ Yes	14 CITIZEN OF WHAT COUNTRY?: U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): n/a; College (1-4 or 5+):
	13g ON A FARM? ☒ No ☐ Yes				

PARENTS

18 FATHER'S NAME (First, Middle, Last): John Oleska, Sr.	19 MOTHER'S NAME (First, Middle, Maiden Surname): Mary Mlejcsik

INFORMANT

20a INFORMANT'S NAME (Type/Print): Robert A. Pastrick	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4209 Fir Street, East Chicago, IN 46312	20c Relationship: Son

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 28, 2000 Ridgelawn-Mt Mercy Cemetery	21c LOCATION—City or Town, State: Gary, Indiana
22a EMBALMER'S NAME: Charles W. Wells	22b EMBALMER'S LICENSE NO: FD01024372	23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: David J. Pastrick	24b LICENSE NUMBER (of Licensee): FD08800012	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Oleska-Pastrick Funeral Home FH155, 3934 Elm St., East Chicago, IN 46312

CAUSE OF DEATH

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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pulmonary Emboli
DUE TO (OR AS A CONSEQUENCE OF)
b. Fracture to Left Femur

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated
☐ 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
☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
	01025435	06-29-2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Timothy Raykovich MD, 100 West Chicago Avenue, East Chicago, IN 46312

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE

32 DATE FILED (Month, Day, Year): 6-30-00

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				
	34e 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)	
				00401
34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc			

SDH06-004 State Form 10110 (R5/1-99)

FILED AUG 4 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

CT 9:00 AM

L 18 Blk 5 Third Addition to Indiana Harbor in the City of East Chgo PB 51/24

25 x 10