aing requested by	ATE: The Social Security # y this state agency in order y responsibility. Disclosure will be no penalty for refusa	INDIANA S	TATE DEPA	ARTMENT O	F HEALTH	I		
ocal No	133-97	C		E OF DEATH	l ⇒33-0	State No	942.0	009
.07867	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 1. DECEASED—NAME (First Middle, Lise) 2. SEX 3a. TIME OF DEATH 3b. CATE OF DEATH (Month Day, Yr.)							
YPE/PRINT	STEVEN	E. SIRKO				5 A M D	ecember 25	1997
ERMANENT	4. *SOCIAL SECURITY NUMBER	Se. AGE—Lest Birthday (Years)	Sb. UNDER 1 YEAR Months Days	Sc. UNDER 1 DAY 6. Hours Minutes	DATE OF BIRTH (Ma. C	i l	LACE (City and State or F	
BLACK INK	316-14-1656	86. YEAR LAST SERVED IN		Se. I	March 8,	1925 G	ary, India:	na
}	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL XXInpeti	ent	I—— _	sing Home D Other (Specify)	
t	Yes	1946	C ER/O	ER/Outpatient DOA 9c. CITY, TO		dence F DEATH 9d. C	9d. COUNTY OF DEATH	
ECEDENT		y's Medical Ce	enter		Crown Poir	1	Lake	
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give meiden geme)		12s. DECEDENT'S USUAL done during most of wo	SUAL OCCUPATION (Give kind of work it of working life. Do not use retired)		125. KIND OF BUSINESS/INDUSTRY	
	'Married	Leona Balcer	Tak	Supervi		T AND NUMBER	U.S. Steel	
	134. RESIDENCE—STATE Indiana	Lake	Crown	Point	' ' '		cibone Street	
	13e. ZIP CODE 13f. INSIDE CIT	Y,LIMITS 14. CITIZEN OF	15. WAS DECEDENT	OF HISPANIC ORIGIN?	16. RACEAmerica	n Indien.	17. DECEDENT'S EDU	
	I No ADAYes WHAT COUNTRY?		7 X X No 🗆 Y Mexican, Puerto F		(Specify)		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	
	403U/ XX	u.s.A.			White		<u> 1/55</u>	
ARENTS	18. FATHER'S NAME (First Middle			1	ER'S NAME (First, Midd	<u>م</u>		
	Stephan 20a INFORMANTS NAME (Type/	20b. MAILING	ADDRESS (Street and Num	Anna Sovi	or, City or Town. State:	Zid Code) 20c. Relati	onship	
IFORMANT	Leona Sirko		641	ettibone St	., Crown	Point, IN	<u>4</u> 6307 W	ife
71	21a. METHOD OF DISPOSITION	☐ Entombment		E OF DISPOSITION (Name of		r 21c. LOCAT	FION—City or Town, State	ı
/ (Buriel Cremetion Donation Other (Speci	Permoval from State	Chanel La	December 29 awn Memorial		Sch	ererville,	Indiana
ISPOSITION	224. EMBALMER'S NAME: 22b. EMBALME					ATH REPORTED TO CO	(har	
101 00111011	Leonard Gregorczyk FD08800305 PK™ □ ves C							
	240. SIGNATURE OF FUNERAL DI	RECTOR		ICENSE NUMBER (of Licensee)	25. NAME ADDRESS		BER OF FUNERAL HOME TROLIK FH83	004455
Lenoul Design Hocument FD08800305 7535 Taft St., Merrillyi								
	28. PART I. Enter the diseases, injuries, of complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. Approximate							
	26. PART I. Enter the diseas	ses, injuries, of complications that c	sused the death. On not en					Approximate
	arrest, shock, o	heart felure. List only one cause of	on each line.	iter nonspecific terms, such s	cardiac or respiratory		•	
	arrest, shock, of IMMEDIATE CAUSE (Final disease or condition	heart feelure. List only one cause of Metas	on each line.	ternonspecific terms, such e	cardiac or respiratory	<u> </u>		Approximate Interval Between
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