

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1780

State No.

TYPE PRINT

PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

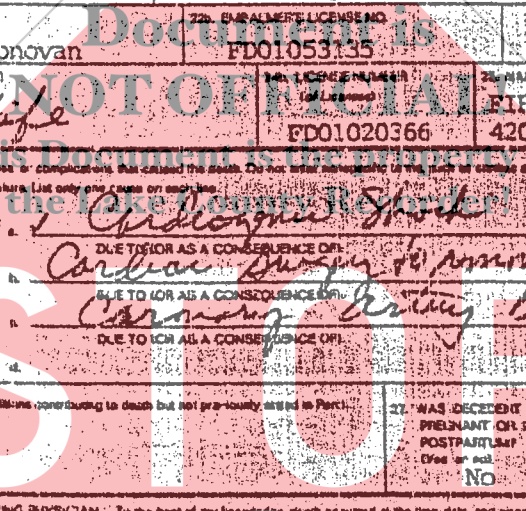
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Edward P. Czarniecki		2. SEX Male	3a. TIME OF DEATH 6:08 p.m.	3b. DATE OF DEATH (Month, Day, Year) September 16, 1990	
4. SOCIAL SECURITY NUMBER 337-09-7437	5a. AGE—Last Birthday (Year) 78	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Month, Day, Year) Feb. 21, 1912	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Transient <input type="checkbox"/> 30a OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Joseph Medical Center		9c. CITY, TOWN OR LOCATION OF DEATH South Bend	9d. COUNTY OF DEATH St. Joseph		
10. MARRIAGE STATUS Married	11. SURVIVING SPOUSE (If wife, give maiden name) Mary Idzik	12a. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Electrical Repairman		12b. KIND OF BUSINESS INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago	13d. STREET AND NUMBER 4141 Wegg Avenue		
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISpanic ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Of 1950, 1960, 1970, Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEASED'S EDUCATION (Specify: at highest grade completed) Elementary/Secondary 8-12 College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) Joseph Czarniecki			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Natalie (Unknown)		20a. INFORMANT'S NAME (Type/Print) Mary Czarniecki			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4141 Wegg Ave. East Chicago, IN 46312		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Conson <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DEPOSITION (Date of country, cemetery, or other place) September 20, 1990 Holy Cross Cemetery		21c. LOCATION—City, Town, State Calumet City, Illinois	
22a. EMBALMER'S NAME Woodrow W. Donovan		22b. EMBALMER'S LICENSE NO. FD01053135	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR John P. Jaffe		24b. LICENSE NUMBER (of License) FD01020366	24c. NAME, ADDRESS, AND PHONE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. — FH83001512 4201 Indpls. Blvd. East Chicago, IND		
25. PART I. Enter the disease, injuries or complications that caused the death. Do not refer to signs or symptoms. List only one cause on each line. (Specify: at highest grade completed) IMMEDIATE CAUSE (Final disease or condition resulting in death) 1. Cardiorespiratory Shock DUE TO OR AS A CONSEQUENCE OF: 2. Coronary Artery Disease DUE TO OR AS A CONSEQUENCE OF: 3. Coronary Artery Disease DUE TO OR AS A CONSEQUENCE OF: 4. Coronary Artery Disease					
26. PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.					
27a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, place, and due to the cause(s) as stated.		27b. WAS DECEDENT PREGNANT ON 30 DAYS POSTPARTUM? (Yes or no) No			
27c. HEALTH OFFICER: On the basis of examination and/or investigation, in any opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		27d. WAS AN AUTOPSY PERFORMED? (Yes or no) No			
27e. CORONER: On the basis of examination and/or investigation, in any opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		28. MEDICAL LICENSE NO. 01037310			
28a. SIGNATURE AND TITLE OF CERTIFIER Thomas A. Hughes		28b. DATE FILED (Month, Day, Year) 10/20/90			
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28 (Type/Print) Thomas A. Hughes M.D. 707 NORTH MICHIGAN STREET, SOUTH BEND, INDIANA					
30. HEALTH OFFICER'S SIGNATURE George D. ...					
31. DATE FILED (Month, Day, Year) SEPTEMBER 21, 1990					
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY (Hour or Day)	33c. INJURY AT WORK? (Yes or no)	
33d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 3 1 2007			
34a. DATE PRONOUNCED DEAD (Month, Day, Year)		34b. FACTOR VEHICLE ACCIDENT? (Type/Print, if not specify driver) 11887 PEGGY HOLLINGA KATONA LAKE COUNTY AUDITOR			

This true and correct copy of the original document as it appears on Reel No. 428-1 In the St. Joseph County Health Department.



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MAY 3 1 2007
PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR