## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No					State No				
1			1a. Maiden Last Name (If Female) 2			3. Time Of Death		4. Date of Death (Month/Day/Year) APRIL 5, 2008	
ADOLPH J. ROMBA  5. Social Security Number   6a. Age Yrs   6b. Under 1 Year   6c. Under 1 Month			f e 11-d-2 11-	T 5 ave	M				
5. Social Security Number 6a. Age Yrs 6b. Un 337-12-6381 87 Months	Days	Month 6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	l .	Sirth (Month/Day/Year) Y 17, 1920	8. Birthplace (City A CHICAGO, ILL		жда Соцяту)	
9. Ever In U.S. Armed Forces? 10. If Death Occurre	LIGHT Doth Course Constant Cons								
See   No Unknown									
11. Facility Name (If Not Institution, Give Street And Number)									
ST. MARGARET MERCY SOUTH									
12. City Or Town, State, And Zip Code			i '	13. County Of Death			14. Marital Status At Time Of Death		
DYER			LAKE				☑ Married		
15. Surviving Spouse's Name GENEVIEVE ROMBA		i '	· · · · · · · · · · · · · · · · · · ·			16. Decedent's Usual Occupation  OWNER		17. Kind Of Business/Industry  CRESTONE MUSIC	
				<u> </u>			CRESTO	NE MUSIC	
18. Residence State 18a. County 18b. City Or Town  ILLINOIS COOK CALUMET CITY						<b>*</b> ~~p	20		
18c. Street And Number			<u>_l</u>	18d. Apt. No			Code	18t, Incide City Limits?	
606 INGRAHAM					N/A	60409	. (2)	M To Mo	
19. Decedent's Education 20. Decedent Of His		Hispanic Origin	anic Origin 21. Decedent's f				no		
High school graduate or GED completed No, not Spani		nish/Hispanic/Latin	·				S.		
22. Father's Name (First, Middle, Last) FRANK ROMBA			23. Mother's Name (	23. Mother's Name (First, Middle, Last)			23a Mother's Maiden Last Name		
PRANK ROMBA  24. Informant's Name  1 24a. Relationship To Decedent				24b. Mailing Address (Street And Number, City, State, Zip Code)			6 - 472		
GENEVIEVE ROMBA	WIFE	/			T CITY, ILLINOIS	The state of the s		3	
25. Place Of Disposition									
25a. Method Of Disposition. Burial Comment Removal From State REGIONAL CREMATION 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location — City, Town, And State MUNSTER, INDIANA									
Other (Specify):	omplete Address Of Funeral	OTO		TA			27a Funers	al Home License Number:	
☐ Yes ☑ No ELMWOOD CHAPEL 11300 W. 97TH LANE ST. JOHN, INDIANA 46373 19900052									
27b. Signature Of Indiana Jugeral Service Lifensee/									
Jan Les	Twelle	e Lake Co	unty Re	ecord	er!	200077	trill	).	
Cause Of Death (See Instructions And Examples)  28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events  Approximate									
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On  A Line. Add Additional Lines If Necessary.								Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resu	Iting In Death	A PERI	TONI	Due To (Or As A	Consequence Of:	4 July			
Sequentially List Conditions, If Any, Leading To The	Cause Listed On	B. PEPT	70 41	LCER	0156	SE			
The Events Resulting In Death) Last									
·		D.			Consequence Of):				
Part II. Enter Other Significant Conditions Contributing To De	ath But Not Resulting In The	Underlying Cause Given In P	art i		Autopsy Performed? lopsy Findings Available	Yes No	Of Death?		
31. Did Tobacco Use Contribute To Death?	2 If Female:	TILL	THE PARTY OF THE P					Yes Mo	
☐ Yes ☐ Probably ☐ No ☑Unknown	Not Pregnant Within Past Year	Pregnant At Time Of Death			33. Manner  Death ⊠ Natural □	Homicide Accident 1	Pending Investigation	on.	
	J Not Pregnant, But Pregnant 43 D 5. Time Of Injury	Days To 1 Year Before Death 36. Plan			☐ Suicide ☐ postruction Site, Restaura	Could Not Be Determined		njury At Work?	
							r	]Yes □ No	
38. Location Of Injury - State 3	a. City Or Town	38b. St	reet & Number	7	7/	38c. Apt. No	38d. Zi	p Code	
		A. A	VDIANA						
39 Describe How Injury Occurred			dimini			ansportation Injur			
41. Signature, Of Person Certifying Cause Of Death:					□ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify) 42. Certifier (Check Only One)				
Certifying Physician Coroner Health Officer									
43. Name, Address And Zip Code Of Person Certifying	Cause Of Death:		27 701	111	1/ 44. Li	cense Number	45. Date	Certified ,	
43. Name, Address An Zip Code Of Person Certifying Cause Of Death: ST. JOHN, IN  M. RYBCZYNSKI, DO 9445 KEILMAN ST IN 02001056 04/07/08									
46. Additional Funeral Service Provider:  47. *Akas:									
48. Signature of Local Health Officer:  49. For Registrar Only – Date Filed (Month/Day/Year):									
Susan W By t 100 \ Inil 8, 200 \ -									