85 017651

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 189

State No.

EMBALMER'S NAME Joseph C. Lauer LICENSE No. 4357

FUNERAL DIRECTOR'S SIGNATURE Joseph C. Lauer LICENSE No. 680

FUNERAL HOME No. 285

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (First, Middle, Last): Stephen Levan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 12, 1985
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 82
5b. UNDER 1 YEAR (Mos. / Days):
5c. UNDER 1 DAY (Hours / Mins):
6. DATE OF BIRTH (Mo., Day, Yr.): Aug. 6, 1902
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: East Chicago
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 4901 Drummond Ave.
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Residence
8. STATE OF BIRTH (If not in U.S.A. name country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rose Gordon
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
14b. KIND OF BUSINESS OR INDUSTRY: Construction

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: East Chicago
15d. STREET AND NUMBER: 4901 Drummond Ave.
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify Yes or No): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME (First, Middle, Last): Joseph Levandowsky
17. MOTHER—MAIDEN NAME (First, Middle, Last): Anna Mikatatis
18a. INFORMANT—NAME (Type or print) RELATIONSHIP: Rose Levan
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4901 Drummond Ave. East Chicago, Indiana 46312

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Oakland Memory Lanes
19c. LOCATION (City or Town, State): Dolton, Illinois
20a. DATE (Month, Day, Year): May 15, 1985
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): C.J. Huber 722-165th St. Hammond, Indiana 46320

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a. (Signature) ▶ Jerome T. Daly D.O.
21b. DATE SIGNED (Mo., Day, Yr.): 9-13-85
21c. HOUR OF DEATH: 9:27P.M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): JEROME T. DALY D.O. ILL # 836-05011
21e. MAILING ADDRESS—PHYSICIAN: 16250 So LOUIS SO. HOLLAND ILL 60473

22a. HEALTH OFFICER—SIGNATURE: E. A. Campagna M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 5-14-85

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) PNEUMONIA- — Interval between onset and death: 4 DAYS.
DUE TO, OR AS A CONSEQUENCE OF
(b) MULTIPLE CEREBROVASCULAR ACCIDENTS — Interval between onset and death: YEARS
DUE TO OR AS A CONSEQUENCE OF
(c) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE. — Interval between onset and death: YEARS

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No): 24. No

SBH 06-003 State Form 35430
REV.10/77