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Below for State Office Use

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Disposition Permit
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Provisional
Certificate
 Yes No

EMBALMER'S NAME Kenneth V. Kaniewski
LICENSE No. 1421
FUNERAL DIRECTOR'S LICENSE No. 1168

INDIANA STATE BOARD OF HEALTH DIVISION OF VITAL RECORDS MEDICAL CERTIFICATE OF DEATH				State No.
Local No. 55		767 002799		
1. PLACE OF DEATH a. COUNTY St. Joseph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY St. Joseph		
b. CITY, TOWN, OR LOCATION South Bend		c. Length of Stay in lb All His Life		
d. NAME OF HOSPITAL OR INSTITUTION 1909 S. Chapin St.		d. STREET ADDRESS 1909 S. Chapin St.		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) John Egierski Sr.		4. DATE OF DEATH Month Day Year January 2, 1967		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Jan. 31, 1887		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR 11. UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reliable Dairy		10b. KIND OF BUSINESS OR INDUSTRY South Bend		11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Egierski		
14. MOTHER'S MAIDEN NAME Ann-----		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16a. INFORMANT'S NAME John Egierski Jr.		16b. RELATIONSHIP TO DECEASED Son		
17a. INFORMANT'S ADDRESS 1909 S. Chapin St.		17b. RELATIONSHIP TO DECEASED Son		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Emphysema DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Interval between onset and death 2-3 days Years				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		
20e. PLACE OF INJURY (e. g., in or about: home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1951 to 1-2-67 and last saw her alive on 1-1-67 Death occurred at 4 PM <input type="checkbox"/> E.S.T. <input checked="" type="checkbox"/> C.S.T. on the date stated above; and to the best of my knowledge, from _____ the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M <input type="checkbox"/> E.S.T. <input type="checkbox"/> C.S.T. from causes stated and on above date.		
23a. Signature of Attending Physician or Health Officer <i>[Signature]</i>		23b. ADDRESS South Bend		23c. DATE SIGNED 1-5-67
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE January 6, 1967		24c. NAME OF CEMETERY OR CREMATORY St. Joseph
24d. LOCATION South Bend		25. FUNERAL DIRECTOR Kaniewski & Sons ADDRESS South Bend, Ind		

Indiana, U.S., Death Certificates, 1899-2017

Record Index

Name: John Egierski Sr
Maiden Name:
Gender: Male
Race: White
Age: 79
Marital Status: Widowed
Birth Date: 31 Jan 1887
Birth Place: South Bend
Death Date: 2 Jan 1967
Death Place: South Bend, St Joseph,
Indiana, USA
Death Registration Date: 1967
Father: George Egierski
Mother: Ann Egierski

Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/60716/images/44494_351133-02810

Source Citation: Indiana Archives and Records Administration; Indianapolis, IN, USA; Death Certificates; Year: 1967; Roll: 01

Source Information Ancestry.com. *Indiana, U.S., Death Certificates, 1899-2017* [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2015.
Original data: Indiana State Board of Health. Death Certificates, 1900-2017. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.