

*Albert Jedinak Memories*

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**1Lt Albert Jedinak, 416th B/N**

Albert "Jed" Jedinak was born on 8 June 1919 in Cleveland, Cuyahoga County, Ohio, the son of Joseph and Mary Jedinak.

Lt Jedinak served in both WWII and the Korean War.

Lt Jedinak was the husband of Marguerite Anne Newport and the father of Linda, Teresa, Martha and Randall P. Jedinak.

Mr Jedinak died on 12 November 1994 in Indianapolis, Marion County, Indiana.

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MACR

**DECLASSIFIED**

Authority: NND 735001

By: NARA NARA Date: 1973

FORM 1

KU - 1842

REPORT ON CAPTURE OF MEMBERS OF ENEMY AIR FORCES

POST: **Airbase Headquarters #7111** Distributor: **Airdistrict-Command Belgium-Northern France I c**

PLACE: **L i l l e** Dulag Luft, Oberursel  
Airbase Headquarters

DATE: **14 May 1944**

REGARDING: **CRASH: (DOWNED) OF, Boston**

~~AT: 1 1/2 km southwest of Bearweir, 12 May 1944~~  
~~5 km southwest of Frevant 1920 hrs~~

NAME: (LAST OR SURNAME) **J E D I N A K 2nd Lt**

FIRST NAME: **Albert**

SERIAL NUMBER: (USA) **O-671710**

RESULT: (DEAD OR CAPTURED) **captured**

PLACE AND TIME OF CAPTURE: **near place of crash, 12 May 1944**  
**by antiaircraft - unit**

NAME OF HOSPITAL: **—**

PLACE, DATE AND TIME OF INTERMENT: **—**

Remarks: Transferred to Dulag, Luft Oberursel on 15 May 1944.

Following items of the prisoner of war were secured:

1 wristwatch  
1 pocket knife  
1 emergency kit  
1 canteen  
1 chain with 2 dog tags and one locket  
1 ring with dog tag and key  
1 key  
1 dice  
1 eraser  
1 saw  
1 package with pictures  
1 pack of chewing gum

6-3224.AF(1)

Indianapolis Star, 1944

**ALBERT JEDINAK**, 75, Greenwood, died Saturday. Mr. Jedinak had been a lithographer 48 years, most recently employed with Roberts Lithoplate, Los Angeles, retiring in 1979. He was an Army Air Forces veteran of World War II and had been a prisoner of war. He was also an Air Force veteran of the Korean War. Memorial contributions may be made to the American Diabetes Association. Services will be at 1 p.m. Tuesday in Forest Lawn Wilson St. Pierre Funeral Home, Greenwood West, with calling from 5 to 9 p.m. today. Burial will be in Forest Lawn Memory Gardens. Survivors: wife Marguerite A. Newport Jedinak; daughters Linda Greiner, Teresa Guild, Martha Jedinak; son Randall P. Jedinak; sister Margaret Vargo; 11 grandchildren; six great-grandchildren.

Death Certificate

INDIANA STATE DEPARTMENT OF HEALTH

94-046302

Local No. 008014

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

100000  
246  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>ALBERT NMN JEDINAK</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>12:21 P.M.</b>	3b DATE OF DEATH (Month Day Year) <b>NOVEMBER 12, 1994</b>
3c AGE—Last Birthday (Year) <b>75</b>	3d UNDER 1 YEAR Months Days	3e UNDER 1 DAY Hours Minutes	4 DATE OF BIRTH (Mo Day Yr) <b>JUNE 8, 1919</b>	5 BIRTHPLACE (City and State or Foreign Country) <b>CLEVELAND, OHIO</b>
6a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1959</b>	6c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution give street and number) <b>RICHARD L. ROUBEUSH VA MEDICAL CENTER</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>INDIANAPOLIS</b>	9c COUNTY OF DEATH <b>MARION</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>MARGUERITE A (NEWPORT)</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work including most of regular job, but not exempt) <b>LYTHOGRAPHER</b>	12b KIND OF BUSINESS/INDUSTRY <b>PRINTING</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>JOHNSON</b>	13c CITY, TOWN OR LOCATION <b>GREENWOOD</b>	13d STREET AND NUMBER <b>1155-H PARADISE COURT</b>	
13e ZIP CODE <b>46142</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc.)	16 RACE—American Indian Black White etc (Specify) <b>WHITE</b>
17 DECEASED'S EDUCATION (Specify highest grade completed) Elementary/Secondary (1-12) <b>12</b> College (1-4 or 5-3) <b>1</b>		18 FATHER'S NAME (First Middle Last) <b>JOSEPH NMN JEDINAK</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>HELEN NMN (BALENCIN)</b>		20e INFORMANT'S NAME (Type/Print) <b>Marguerite A. Jedinak</b>		
20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1155-H Paradise Ct., Greenwood, IN 46142</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>Forest Lawn Nov. 15, 1994 - Memory Gardens</b>		21c LOCATION—City or Town, State <b>Greenwood, IN</b>
22a EMBALMER'S NAME <b>Darrell W. Lahm</b>		22b EMBALMER'S LICENSE NO <b>FD01012621</b>	22c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Darrell W. Lahm</i>		24b LICENSE NUMBER of Licensee <b>FD01019228</b>	24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Forest Lawn Wilson St. Pierre Funeral Home 1977 S. SR 135, Greenwood, IN 46143</b>	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>HEART FAILURE</b> b. <b>PULMONARY EDEMA</b> c. <b>CORONARY ARTERY DISEASE</b> d. <b>CHRONIC RENAL INSUFFICIENCY</b>				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>DIABETES, LEFT LUNG MASS</b>				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>				
28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>				
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>				
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Virginia A. Carney M.D.</i>			29c MEDICAL LICENSE NO <b>11006888</b>	29d DATE SIGNED (Month Day Year) <b>NOVEMBER 12, 1994</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>DUSTARDIE DAWN REED, M.D., 1481 W. 10TH STREET, INDIANAPOLIS, INDIANA 46202</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Virginia A. Carney M.D.</i>				32 DATE FILED (Month Day Year) <b>NOV 14 1994</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d PLACE OF INJURY—All home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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