

8575

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

Erwin B. Cook

EMERSON'S NAME  
LICESE No. 13371

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

30  
500  
69-0221

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

State No.

381

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. George Louota 2. Male 3. February 11, 1969

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white AGE—LAST BIRTHDAY (YEARS) 5a. 51 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. May 12, 1914 COUNTY OF DEATH 7. Lake

CITY, TOWN, OR LOCATION OF DEATH 7b. Gary INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Methodist Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Gary CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Goldie Danotiu

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH (GIVE CITY OR TOWN, COUNTY, STATE, AND RESIDENCE OR BUSINESS INSTITUTION, GIVE RESIDENCE OR BUSINESS ADDRESS) 12. 312-05-6833 SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13. Steel Worker KIND OF BUSINESS OR INDUSTRY 13. Sheet & Tin

RENDERING STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP 14a. Indiana 14b. Lake 14c. Gary 14d. YES

STREET AND NUMBER 14e. 668 West 44th Ave. IS RESIDENCE ON A FARM? 14f. YES  NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. Go orge Louota 16. UNKNOWN

PARENTS INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Goldie Louota 17b. wife 17c. 668 W. 44th Ave Gary, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Coronary Thrombosis minutes

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE—(A), STATING THE UNDERLYING CAUSE LAST

(b) General Sclerosis

(c) Overweight

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. 6:30 P.M. 20b. 2 11 1969 21a. 2:13 P.M. 21b. 69

22a. Dr. H. English 22b. H.M. English M.D.

23. 673 Broadway Gary Indiana 46402

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY, CREMATORY, FUNERAL HOME 24b. Calumet Park Co m. 24c. Crown Point, Indiana 24d. 242

DATE (MONTH, DAY, YEAR) 24d. Feb. 15, 1969 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Lech & Stilpovich Inc. 4213 Broadway Gary, Indiana

FUNERAL DIRECTOR—SIGNATURE 25b. [Signature] HEALTH OFFICER—SIGNATURE 25c. [Signature] DATE RECEIVED BY LOCAL HEALTH OFFICER 25d. Feb. 19, 1969

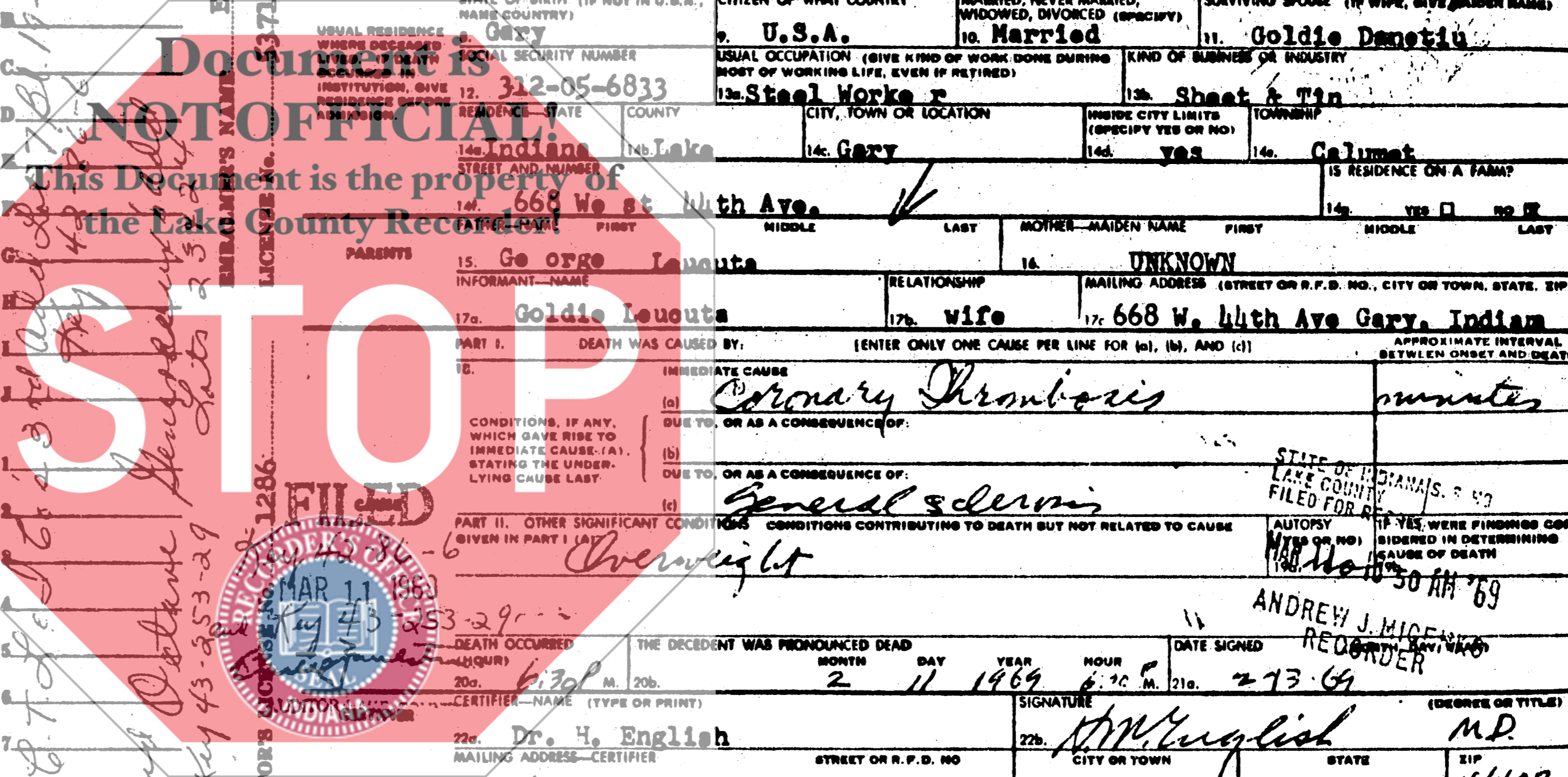
25b. [Signature] 25c. [Signature] 25d. Feb. 19, 1969

25b. [Signature] 25c. [Signature] 25d. Feb. 19, 1969

25b. [Signature] 25c. [Signature] 25d. Feb. 19, 1969

25b. [Signature] 25c. [Signature] 25d. Feb. 19, 1969

25b. [Signature] 25c. [Signature] 25d. Feb. 19, 1969

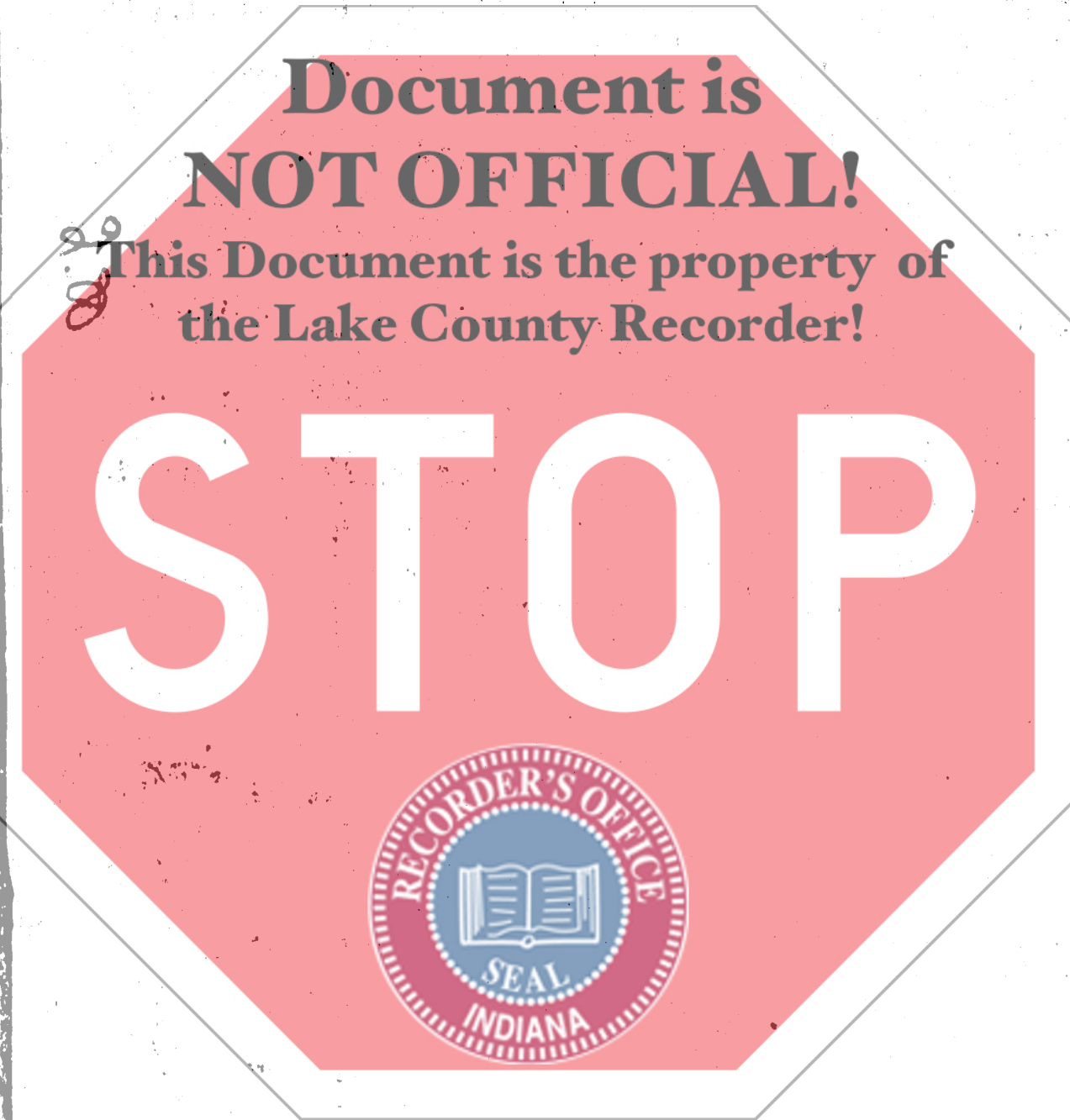


Disposition Permit Issued / / Provisional Certificate Yes  No

SM 6-24-2



8575



CLERK

CERTIFIED COPY  
*P. J. Rosenthal*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE *Feb 11 1964*