20321

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Park Manor 2nd Sub.
Lot 2 Bl.E Key 46-328-7

Local No. 54-69

20321 INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Mrs Helen Baloga
3637 Monroe
Gary

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

Field	Entry
1. Deceased—Name (First, Middle, Last)	William A. Baloga
2. Sex	Male
3. Date of Death (Month, Day, Year)	Jan. 31, 1969
4. Race	White
5a. Age—Last Birthday (Years)	71
6. Date of Birth (Month, Day, Year)	1-26-98
7a. County of Death	Lake
7b. City, Town, or Location of Death	Merrillville
7c. Inside City Limits	No
7d. Hospital or Other Institution—Name	Medicenter
8. State of Birth	Pennsylvania
9. Citizen of What Country	USA
10. Married / Never Married / Widowed / Divorced	Married
11. Surviving Spouse (If wife, give maiden name)	HELEN KAKOS
12. Social Security Number	189-01-3416
13a. Usual Occupation	Scarper
13b. Kind of Business or Industry	US Steel, Gary Works
14a. Residence—State	Indiana
14b. County	Lake
14c. City, Town or Location	Gary
14d. Inside City Limits	Yes
14e. Township	Calumet
14f. Street and Number	3637 Monroe Street
14g. Was Deceased Ever in U.S. Armed Forces?	No
14h. Is Residence on a Farm?	No
15. Father—Name	John Baloga
16. Mother—Maiden Name	Anna Tomko
17a. Informant—Name	Mrs Helen Baloga
17b. Relationship	wife
17c. Mailing Address	3637 Monroe St Gary, Indiana 46408

18. Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate Interval Between Onset and Death
(a) Immediate Cause	Cardiac failure - cor pulmonale	3 months
(b) Due to, or as a consequence of	Emphysema, chronic pulmonary	10 yrs.
(c) Due to, or as a consequence of	obstruction c A.S.H.D	3 yrs.

Part II. Other significant conditions: Conditions contributing to death but not related to cause given in Part I (a)

19a. Autopsy: Yes ☐ No ☐
19b. If yes were findings considered in determining cause of death: Yes ☐ No ☐

20. Date & Hour of Death: Month 1, Day 31, Year 69, Hour 10:30PM
21a. Date Signed: Feb. 2, 1969
22a. Physician's Name (Type or Print): Henry S. Lebioda M.D.
22b. Signature of Physician: Henry S. Lebioda, M.D.
23. Mailing Address—Physician: 5490 Broadway, Gary, Indiana 46408
24a. Burial, Cremation, Removal: Burial
24b. Cemetery, Crematory, Funeral Home: Calumet Park Cemetery
24c. Location: Merrillville, Indiana
24d. Date: 2-4-69
25a. Funeral Home—Name and Address: Geisen Funeral Home, Inc. 3805 Adams Street, Gary, Ind. 46408
25b. Funeral Director's Signature: Robert J. Geisen
26a. Health Officer—Signature: A.F. Grzeskiewicz
26b. Date Received by Local Health Officer: February 3, 1969

Below for State Office Use

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

SBH 6-24-2

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