

79866

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Chas. W. Wells
EMERALD'S NAME
LICENSE No. 937
FUNERAL DIRECTOR'S LICENSE No. 937



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P.O. Box 209
Gary, Indiana 46401
State No. _____

Local No. 741 79866

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

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME: **Steve Krok** (FIRST, MIDDLE, LAST) SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **Nov. 3, 1970**

1. RACE: **White** AGE—LAST BIRTHDAY (YEARS): **57** UNDER 1 YEAR: **10** UNDER 1 DAY: **14** DATE OF BIRTH (MONTH, DAY, YEAR): **6.12-19-12** COUNTY OF DEATH: **Lake**

4. CITY, TOWN, OR LOCATION OF DEATH: **East Chicago** INSIDE CITY LIMITS (SPECIFY YES OR NO): **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. Catherine Hospital**

7b. STATE OF BIRTH (IF NOT IN U.S.A.): **Indiana** 9. CITIZEN OF WHAT COUNTRY: **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Anne Svantner**

8. USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION): **Indiana** SOCIAL SECURITY NUMBER: **313-07-2149** 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Lst. Helper-Open Hearth** 13b. KIND OF BUSINESS OR INDUSTRY: **Steel Mills**

12. RESIDENCE—STATE: **Ind.** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO): **yes** TOWNSHIP: **Calumet**

14a. STREET AND NUMBER: **3555 Buchanan St.** IS RESIDENCE ON A FARM? YES NO 14b. FATHER'S NAME (FIRST, MIDDLE, LAST): **Stanley Krok** 14c. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): **Agnes**

15. INFORMANT—NAME: **Anne Krok** 16. RELATIONSHIP: **Wife** 17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **3555 Buchanan St. Gary, Ind.**

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

18. IMMEDIATE CAUSE: **Bronchopneumonia** 2yrs.

(a) DUE TO, OR AS A CONSEQUENCE OF: _____

(b) DUE TO, OR AS A CONSEQUENCE OF: _____

(c) DUE TO, OR AS A CONSEQUENCE OF: _____

19. OTHER SIGNIFICANT CONDITIONS: _____ CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: _____

19a. AUTOPSY (YES OR NO): **no** 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: _____

20. DEATH OCCURRED (HOUR): _____ THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): _____ DATE SIGNED: **Nov 17 11 55 AM 1970**

21. CERTIFIER—NAME (TYPE OR PRINT): **Fred Adler M.D.** SIGNATURE: *[Signature]* (DEGREE OR TITLE): _____

22a. MAILING ADDRESS—CERTIFIER: **509 Ridge Rd. Munster Ind.** 22b. STREET OR R.F.D. NO.: _____ CITY OR TOWN: _____ STATE: _____ ZIP: _____

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY, CREMATORY, FUNERAL HOME: **Calumet Park** LOCATION: **Merrillville Ind.** FUNERAL HOME NUMBER: **245**

24a. DATE (MONTH, DAY, YEAR): **Nov. 6, 1970** 24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **6360 Broadway Gary, Ind 46409**

25a. FUNERAL DIRECTOR'S SIGNATURE: *[Signature]* 25b. HEALTH OFFICER'S SIGNATURE: **E.A. Campagna** DATE RECEIVED BY LOCAL HEALTH OFFICER: **11-6-1970**