

BRUCE
3712 POLK ST
GARY IND 46408

3. free copy 6-5058
with 64-0441
Local No.

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

State No.

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

State for State Office

Red Oak Ave 2.6 Bl 2
N 1/2 28 Bl 2 # 46-394-8
Norbert J. Geisen
4174
EMBALMER'S NAME
LICENSE No.

FUNERAL DIRECTOR'S LICENSE No. 364
Disposition Permit Issued
Provisional Certificate
Yes No

1. PLACE OF DEATH a. COUNTY Lake		1. USUAL RESIDENCE (Where deceased lived. If (institution: Residence before admission) a. STATE Indiana		b. COUNTY Lake	
5. CITY, TOWN, OR LOCATION Gary		c. Length of Stay in 1b		c. CITY, TOWN, OR LOCATION Gary	
d. NAME OF HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS 3712 Polk		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. DECEASED (Type or print) FERRIS D. BRUCE		First Middle Last		3. DATE OF DEATH April 7, 1964	
5. SEX Male		8. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
6. DATE OF BIRTH Dec. 25, 1897		9. AGE (In years last birthday) 66		10. UNDER 1 YEAR <input type="checkbox"/> UNDER 3 Mths. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Material Inspector		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R. R.		11. BIRTHPLACE (State or foreign country) Garrett, Indiana	
12. FATHER'S NAME Harry Bruce		14. MOTHER'S MAIDEN NAME Jennie Ferris		13. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. # 1		18. SOCIAL SECURITY NO.		17a. INFORMANT'S NAME Ethel B. Bruce	
17b. INFORMANT'S ADDRESS 3712 Polk Street, Gary, Indiana		17c. RELATIONSHIP TO DECEASED Wife		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lobar pneumonia, bilateral with multiple abscesses</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONVEYED IN PART I (a). <i>Hepatitis, chronic coronary disease</i>	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20. CITY, TOWN, OR LOCATION COUNTY STATE	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <i>Dec. 30, 1963</i> and last saw her alive on <i>April 6</i> . Death occurred at <i>7:30 p.m.</i> on the date stated above; and to the best of my knowledge, from <input type="checkbox"/> E.S.T. <input type="checkbox"/> C.B.T. the causes stated.		23. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ on _____ from causes stated and on above date.		22a. DATE SIGNED 4-7-64	
23a. SIGNATURE OF Attending Physician or Health Officer <i>[Signature]</i>		23b. ADDRESS <i>[Signature]</i>		22a. DATE SIGNED 4-7-64	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-10-64		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Crematory	
24d. LOCATION Chicago, Illinois		25. FUNERAL DIRECTOR Geisen Funeral Home		ADDRESS Gary, Indiana	

WILLIAM BIELENI
RECORDS
INTERVAL BETWEEN ONSET AND DEATH
15 days

750

Return to:

Mrs. Ethel B. Bruce
3712 Polke Street
Gary, Indiana 46403

NEW ISSUES DIV.
SERVICE WINDOWS

1977 JUL 11 AM 10 54

FEDERAL RESERVE BANK
OF CHGO. FISCAL AGENT

CERTIFIED COPY

P. Rosenbloom, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR 3 1964