

Roosevelt Adm. Reg 35-321-44 B

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD FILED
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH should be stated in plain terms, that it may be properly classified. "Usual Residence" for persons dying away from home should be given in every instance.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
EMBALMER'S NAME: Martin Gabriel FEB 23 1955
FUNERAL DIRECTOR'S LICENSE NO. 702
LICENSE NO. 4074

H. Balfanz
405 Phaedral Lane
Local No. _____
Net _____
Death No. 71913

INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CORONER'S CERTIFICATE OF DEATH

Copy 638256

AUDITOR LAKE COUNTY
Jesse B. [unclear]

1. AGE OF DEATH COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Lake	
CITY (If outside corporate limits, write RURAL) OR TOWN East Chicago		c. CITY (If outside corporate limits, write RURAL) OR TOWN Hammond (Whiting P.O.)	
d. STREET ADDRESS St. Catherine Hospital		d. STREET ADDRESS (If rural, give location) 620 Roosevelt Drive *	
3. NAME OF DECEASED (Type or Print) George		a. (First) George	b. (Middle)
		c. (Last) Markus	4. DATE (Month) (Day) (Year) OF DEATH July 17, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 15, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10b. KIND OF BUSINESS OR INDUSTRY Universal Atlas Cement Co.	9. AGE (In years) If under 1 year 61 4 2 Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Austria-Hungary		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Markus		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY No. 343-07-9913	
17. INFORMANT (NAME AND ADDRESS) Mrs. Katherine Markus		INTERVAL BETWEEN ONSET AND DEATH 6 days	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		CORONER'S CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage. ANTECEDENT CAUSES Ruptured diaphragm. Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) East Chicago Lake Ind.		20d. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr. 19, 1955 m.	
20e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		20f. HOW DID INJURY OCCUR? Struck by automobile.	
22. I hereby certify that I took charge of the remains described above, held an Inquest (inquest, autopsy, inquiry) thereon and from evidence obtained find that said deceased came to his death from causes stated at 1:07 A. (his, her) death from causes stated at _____ M on the above date.		23. Signature J. C. Fleischer, M.D. Dep. (Coroner) Address East Chicago, Indiana Date Signed July 20, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20, 1955	
24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		24d. LOCATION Hammond, Ind.	
DATE REC'D BY LOCAL HEALTH OFFICER 7-21-55		SIGNATURE OF HEALTH OFFICER Peter [unclear] M.D.	
25. FUNERAL DIRECTOR Irene Baran		ADDRESS Whiting, Ind.	