

2771160  
Local No. 57-282

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
CORONER'S CERTIFICATE OF DEATH

352 Tyler St  
Gary 46402  
Death No.

1. PLACE OF DEATH a. COUNTY <b>Lake</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Indiana</b>		b. COUNTY <b>Lake</b>	
b. CITY, TOWN, OR LOCATION <b>GARY</b>		c. Length of Stay in lb <b>( )</b>		c. CITY, TOWN OR LOCATION <b>Gary</b>	
d. NAME OF HOSPITAL OR INSTITUTION <b>Gary Works Hospital</b>		d. STREET ADDRESS <b>352 Tyler St.</b>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>NICKOLAS</b> Middle <b>P.</b> Last <b>ZYHA</b>			DATE OF DEATH Month <b>3</b> Day <b>7</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-15-1902</b>	9. AGE (In years last birthday) <b>54</b>	10. UNDER 1 YEAR   11. 1 YEAR   12. UNDER 24 HRS. Months   Days   Hours   Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>rail inspector</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>steel making</b>	11. BIRTHPLACE (State or foreign country) <b>Manitoba, Canada</b>	13. COUNTRY OF BIRTH <b>USA</b>	14. STATE OF INDIANA'S COUNTY <b>Lake</b>
13. FATHER'S NAME <b>Peter Zyha</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		

15. WAS DECEASED EVER IN U.S. ARMED SERVICES (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	15. SOCIAL SECURITY NO. <b>313 07 0286</b>	17a. INFORMANT'S NAME <b>Catherine Zyha</b>	17b. RELATIONSHIP TO DECEASED <b>WIFE</b>
17b. INFORMANT'S ADDRESS <b>352 Tyler St.</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>5 9 29 AM '84</b>	

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		19. WAR AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS (EVEN IN PART I) DUE TO (b) _____ DUE TO (c) _____		20. CITY, TOWN, OR LOCATION <b>GARY</b>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (State nature of injury or Part II of (a) or (b) of (18)) <b>---</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, lanuary, street, office bldg., etc.) <b>---</b>		

20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	20f. CITY, TOWN, OR LOCATION <b>GARY</b>		STATE <b>INDIANA</b>
21. I hereby certify that I took charge of the remains described above, held as <b>Preparatory</b> (Inquest, autopsy, inquiry)		22. Signature <b>P. J. Grey</b> (Coroner)	
-therein and from evidence obtained find that said deceased came to death from causes stated and at <b>MICHIGAN</b> on the above date.		Address <b>709 Broadview Gary, Ind</b>	
Date Signed <b>3-8-57</b>		Date Signed <b>3-8-57</b>	

22a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	22b. DATE <b>3-9-1957</b>	23a. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	23b. LOCATION (City, town, or county) (State) <b>Gary, Indiana</b>
DATE REC'D BY LOCAL HEALTH OFFICER <b>3-8-57</b>	SIGNATURE OF HEALTH OFFICER <b>W. A. Hanson, MD</b>	24. FUNERAL DIRECTOR <b>LACH &amp; STILINOVICH, GARY, IND.</b>	

Joseph J. Lach  
EMBALMER'S NAME 4542  
LICENSE NO.  
1286  
FUNERAL DIRECTOR'S LICENSE NO.

WILLIAM STELLER  
RECORDER  
SEP 5 1984  
LAKES COUNTY  
GARY, INDIANA  
46402  
11728114  
1-34  
Gary Lead Co's 121st Sub

44-114-35

CERTIFIED COPY

*A. J. Rosenthal, M.D.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE .. APR 15 1965 ..