

Return to H.R. Kneifel, Sr., Hobart, Indiana

File # 85-155-H

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

State No. \_\_\_\_\_ DULY ENTERED FOR TAXATION

Local No. 372-66

INDIANA ABSTRACTING  
AND GUARANTEEING CORP.  
LAPORTE, INDIANA

THIS IS A  
PERMANENT  
RECORD

1. PLACE OF DEATH a. COUNTY <i>Lake</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Lake</i>	
b. CITY, TOWN, OR LOCATION <i>Hobart</i>		c. Length of stay in lb <i>42 Years</i>	c. CITY, TOWN, OR LOCATION <i>Hobart</i>
4. NAME OF HOSPITAL OR INSTITUTION <i>1100 Lillian Street</i>		d. STREET ADDRESS <i>1100 Lillian Street</i>	
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"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Arthur Henry Balitz</i>		4. DATE OF DEATH Month Day Year <i>8-5-1966</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-20-1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		11. BIRTHPLACE (State or foreign country) <i>Wanatah, Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Gustav Balitz (deceased)</i>		14. MOTHER'S MAIDEN NAME <i>Mathilda Wojahn (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>306-09-0252</i>	17a. INFORMANT'S NAME <i>Mrs. Erna C. Balitz</i>
17b. INFORMANT'S ADDRESS <i>1100 Lillian Street, Hobart, Indiana</i>		17c. RELATIONSHIP TO DECEASED <i>Wife</i>	
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>CVA</i> DUE TO (b) <i>HIS V.D</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <i>Tremulous CVA's - bedridden x 2 yr</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 months</i> RECORDED AUG 9 1966 9 AM '66
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY	
21. I certify that I attended the deceased from <i>10-5-7</i> and last saw her alive on <i>7-6-64</i> . Death occurred at <i>7-7-64</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at _____ V <input type="checkbox"/> E.S.T. <input type="checkbox"/> C.S.T. from causes stated and on above date.	
23a. Signature of Attending Physician or Health Officer. <i>K. A. Spitzberg M.D.</i>		23b. ADDRESS <i>245 S. West Hart</i>	23c. DATE SIGNED <i>8-6-66</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8-8-1966</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Graceland Cemetery</i>
24d. LOCATION <i>Valparaiso, Indiana</i>		25. GENERAL DIRECTOR ADDRESS <i>Hobart, Indiana</i>	
DATE REC'D BY LOCAL HEALTH OFFICER <i>Aug. 11, 1966</i>		SIGNATURE OF HEALTH OFFICER <i>H. F. Kneifel, Sr.</i>	

51-701-15  
5074  
ON FILE WITH LAKE COUNTY HEALTH DEPT  
AUG 11 1966  
LAKE COUNTY HEALTH COMMISSIONER  
FURNAL DIRECTOR'S LICENSE No. 2702

370

JAN 16 11 23 AM '73  
LILLIAN M. GIESLER  
RECORDER LA PORTE COUNTY

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IND. 46410