

VITAL RECORDS

DEPT. OF HEALTH
BOROUGH OF ALBANY
ALBANY, N.Y.

CERTIFICATE OF DEATH

Certificate No. 156-75-501898

91026314

DATE FILED 75 AUG 6 A 4:29

1. NAME OF DECEASED
(Type or Print) EDWARD JOSEPH SURMA
First Name Middle Name Last Name

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH
a. New York City
b. Borough Staten Island
c. Name of Hospital or Institution. If not in hospital, street address
U. S. Public Health Service Hospital
Staten Island, New York 10304

3a. DATE AND HOUR OF DEATH
(Month) (Day) (Year) (Hour) (AM/PM) 4. SEX 5. APPROXIMATE AGE
AUGUST 5, 1975 12:35 AM Male 54

6. I HEREBY CERTIFY that ~~XXXXXXXXXXXX~~ (a staff physician of this institution attended the deceased) ~~to~~
~~XXXXXXXXXXXX~~ from July 8, 1975, to August 5, 1975 and last saw him alive at 12:25^A on Aug. 5, 1975.

19. I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. *Cross out words that do not apply. † See first instruction on reverse of certificate.

Witness my hand this 5th day of August 1975
Signature *Kenneth J. Freese* M.D.
Name of Physician: Kenneth J. Freese M.D. Address: U. S. Public Health Service Hospital, Staten Island, New York 10304

7. PERSONAL PARTICULARS (To be filled in by Funeral Director)

a. State: Indiana
b. County: Lake
c. City or Town: Hammond
d. Inside city limits (Specify Yes or No): Yes

8. USUAL RESIDENCE
e. Street and house number: 4225 Torrence Avenue
f. Length of residence or stay in City or New York (Immediately prior to death)

9. SINGLE, MARRIED, WIDOWED or DIVORCED (Write in word): Divorced
9. NAME OF SURVIVING SPOUSE (If wife, give maiden name)

10. DATE OF BIRTH OF DECEASED (Month) (Day) (Year) 11. Age at last birthday 5 4 Yrs.
If UNDER 1 year: mos. days If LESS than 1 day: hrs. or min.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Seaman
b. KIND of BUSINESS or INDUSTRY: Merchant Marine
18. SOCIAL SECURITY NO.: 318-12-2915

14. BIRTHPLACE (State or Foreign Country): Pennsylvania
15. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH: United States

16. ANY OTHER NAME(S) BY WHICH DECEASED WAS KNOWN

17. NAME OF FATHER OF DECEASED: Frank Surma
18. MAIDEN NAME OF MOTHER OF DECEASED: Agnes Markowski

19a. NAME OF INFORMANT: Helen Caponegri
b. RELATIONSHIP TO DECEASED: Sister
c. ADDRESS: 4225 Torrence Avenue, Hammond, Indiana

20a. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
b. LOCATION (City, Town or County and State): Calumet City, Illinois
c. DATE of Burial or Cremation: Aug. 9, 1975

21a. FUNERAL DIRECTOR: John Vincent Scalla, Home for Funerals
b. ADDRESS: 28 ELTINGVILLE BLVD. S.I., N.Y. 10312

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK



Key 36-204
11, 12, 13
M.M. Towles 3
ADD LOTS 10
12 & 14
LOT 13 BL 1

STATE OF INDIANA'S SIND
LAKE COUNTY
FILED FOR RECORD
MAY 30 10 42 AM '91
ROBERT (BOB) FREELAND
RECORDER

FILED

MAY 30 1991

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Eulene Price
EULENE PRICE



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BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

DATE ISSUED

APR 24 1991

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