

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AN COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No: 1014 93084735

CERTIFICATE OF DEATH

Dec 9 1993 Date Issued

Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Steve M. Balog), 2. SEX (Male), 3a. TIME OF DEATH (4:45 p.m.), 3b. DATE OF DEATH (December 7, 1993), 4. SOCIAL SECURITY NUMBER (314-16-0903), 5a. AGE-Last Birthday (70), 5b. UNDER 1 YEAR (Months, Days), 5c. UNDER 1 DAY (Hours, Minutes), 6. DATE OF BIRTH (Jan. 22, 1923), 7. BIRTHPLACE (East Chicago, Indiana), 8a. WAS DECEDENT A US VETERAN? (Yes WWII), 8b. YEAR LAST SERVED IN US ARMED FORCES? (1945), 8c. PLACE OF DEATH (Hospital: Inpatient), 9a. FACILITY NAME (St. Margaret-Mercy Health Care Center North), 9b. CITY, TOWN OR LOCATION OF DEATH (Hammond), 9c. COUNTY OF DEATH (Lake), 10. MARRITAL STATUS (Married), 11. SURVIVING SPOUSE (Gertrude Getzlaff), 12a. DECEDENT'S USUAL OCCUPATION (Lab Tech.), 12b. KIND OF BUSINESS/INDUSTRY (Amoco Oil), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN OR LOCATION (Hammond), 13d. STREET AND NUMBER (6524 Kansas), 13e. ZIP CODE (46323), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Steve Balog), 19. MOTHER'S NAME (Sophie Salyi), 20a. INFORMANT'S NAME (Mrs. Gertrude Balog), 20b. MAILING ADDRESS (6524 Kansas Hammond, IN 46323), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (December 10, 1993, Elmwood Cemetery), 21c. LOCATION-City or Town State (Hammond, Indiana), 22a. EMBALMER'S NAME (David McCoy), 22b. EMBALMER'S LICENSE NO (FDO8700581), 22c. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO1013507), 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Bocken Funeral Home, Inc., 7042 Kennedy Avenue Hammond, IN 46328), 26. PART (Enter the diseases, injuries or complications that caused the death), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO (18592), 29d. DATE SIGNED (Dec 12/8/93), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (J.E. Smith, M.D., 7905 Calumet Avenue, Munster, Indiana 46321), 31. HEALTH OFFICER'S SIGNATURE (Dr. Graham J. Jernstedt M.D.), 32. DATE FILED (December 9, 1993), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?

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CAUSE OF DEATH: I.L.D. - pulmonary arrest

Interval Between Onset and Death: immediate 18 days

Key # 32-4-16 Baldwin Add. Gary 4, 16 B.L. 2 U. 15 Ft. 4, 17 B.L. 2 S. 20 Ft. 4, 15 B.L. 2

PAID Auditor: Lake County

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