

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Lake Hobart Ind
City or town GARY R. B.
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
3700 Colbourne St.
Stay in hospital or inst. (yrs. or mos., or days)
48 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Indiana County Lake
City or town Hobart GARY R. B.
(If outside city or town limits, write RURAL)
Street No. 3700 Colbourne St.
(If rural give LOCATION)
2. Was he VETERAN. NAME WAR

3. (a) FULL NAME
CHARLES FROEBEL

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Carolina
6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) February 21, 1868

8. AGE: Years 76 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Germany
(Town, county and state)

10. Usual occupation Retired

11. Industry or business Lived at home

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs Carolina Froebel
Address 3700 N. Colbourne St. Gary, Ind

17. Burial Date thereof 4/26/44
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen Memorial
Location Hobart, Indiana

18. Funeral director Geisen Funeral Home
Address Gary, Indiana

Filed 4-29 19 44 Wm. Dwyer
Health Officer

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 44 at 4:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death
Chronic
Due to nephritis

Due to 131

Other conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of injury

23. SIGNATURE Dr. Friedrich M. D. or other

Address Hobart Date signed 4/25/44

HERBERT F. GEISEN
EMERALD'S NAME LICENSE NO. 3302
FUNERAL DIRECTOR'S LICENSE NO. 364