

CORONER'S CERTIFICATE OF DEATH
INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Local No.
19016
Registered No.

1. PLACE OF DEATH:
County..... Lake
City or town..... Hobart
(If outside city or town limits, write RURAL)
Street address, hospital, or institution.....
 801 Water Street
Stay in hospital or inst. (yrs., or mos., or days).....
Stay in this community (yrs., or mos., or days)..... 4 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
State..... Ind. County..... Lake
City or town..... Hobart
(If outside city or town limits, write RURAL)
Street No. 801 Water St.
(If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR.....

3. (a) FULL NAME Edith Marie Traeger

3. (b) Social Security Number

4. Sex Female **5. Color or race** White **6. (a) Single, married, widowed, or divorced** married
6. (b) Name of husband or wife..... Frank
6. (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) May 19, 1894

8. AGE: Years 49 Months 1 Days 11 If less than one day
hrs. min.

9. Birthplace..... Chicago, Illinois
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Robert Reinert

13. Birthplace..... Germany

14. Maiden name..... Pauline Wentschel

15. Birthplace..... Germany

16. Informant..... Frank Traeger

Address..... Hobart, Indiana

17. Burial..... Date thereof 7/31/43
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Hobart Cemetery

Location..... Hobart, Ind.

18. Funeral director..... Herman Pflughaupt

Address..... Hobart, Ind.

Filed..... 7/2/43 H. P. ... Health Officer

CORONER'S CERTIFICATION
20. DATE OF DEATH..... June 30 19 43 at 8:10 M

21. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest thereon (inquest autopsy or inquiry) and from the evidence obtained find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: Gun shot wound of head

Other cause:

Major findings: 1640

Of operations:

Of autopsy:

22. VIOLENCE: if death was due to external causes, all in the following:
Accident, suicide, or homicide..... Suicide Date of June 30, 43

Where did injury occur?..... Hobart Lake Ind
(City or town) (County) (State)
Injured at home, farm, industry, public place (where)?..... Home

Injured at work?..... Means of injury Pistol
23. SIGNATURE..... L. J. ...
(Coroner or Coroner's Physician)
Address..... Hobart Date signed..... July 2-43

EMBALMER'S NAME, Cedar Pflughaupt , LICENSE NO. 2219
FUNERAL DIRECTOR'S LICENSE NO. 503