

Local No. **63-1472**

**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CORONER'S CERTIFICATE OF DEATH**

Death No. **63-040784**

5. PLACE OF DEATH a. COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Lake	
b. CITY, TOWN, OR LOCATION Gary		c. Length of Stay in lb 55 yrs	c. CITY, TOWN OR LOCATION Gary
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 530 Ellsworth St.		d. STREET ADDRESS 530 Ellsworth St.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lucy Middle Stritof Last		DATE OF DEATH Nov 7th 1963 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 27, 1890
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert Reichert	
14. MOTHER'S MAIDEN NAME Pauline Hench		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17a. INFORMANT'S NAME Mrs Huber Magnusen	
17b. INFORMANT'S ADDRESS 7326 Taft St. Independence Hill		17c. RELATIONSHIP TO DECEASED Neice	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Strangulation DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Recent hangover	
20c. TIME OF INJURY Hour 3:30 Month 11 Day 7 Year 63 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Gary Lake Ind	
21. I hereby certify that I took charge of the remains described above, held an inquest, autopsy, inquiry (inquest, autopsy, inquiry) J. J. Rosenblum		22. Signature J. J. Rosenblum MD (Coroner) Address 5490 Broadway Gary Date Signed 11-8-63	
thereon and from evidence obtained find that said deceased came to death from causes stated and 3301 M (C. S. T.) on the above date.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/11/63	23c. NAME OF CEMETERY OR CREMATORY Calumet Park Cem.	23d. LOCATION (City, town, or county) (State) Grown Point Ind.
DATE REC'D BY LOCAL HEALTH OFFICER NOV 13 1963	SIGNATURE OF HEALTH OFFICER J. J. Rosenblum MD	24. FUNERAL DIRECTOR ADDRESS Lach & Stillinovich Gary Ind.	