INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. 357W 18
Death No. 38685

1. PLACE OF DEATH
a. COUNTY: Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL): [redacted] -Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3660 Iowa Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Indiana
b. COUNTY: Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL): Gary -Rural
d. STREET ADDRESS (If rural, give location): 3660 Iowa Street

3. NAME OF DECEASED (Type or Print) a. (First): CAROLINE b. (Middle): c. (Last): FROEBEL
4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 31, 1874
9. AGE (In years): 77 | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: William Schroeder
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT (NAME AND ADDRESS): Mrs. Helen Cubberley as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial degeneration c̄ rt heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22a. ATTENDING PHYSICIAN
I certify that I attended the deceased from June 49 to Dec 1951 and that death occurred at M from causes stated and on above date.

22b. HEALTH OFFICER
I certify that I investigated cause of death of deceased and find that death occurred at M from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: R E Dupes
23b. ADDRESS: Hobart Ind
23c. DATE SIGNED: Dec 28 - 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-51
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Memorial
24d. LOCATION: Hobart, Ind.

DATE REC'D BY LOCAL HEALTH OFFICER: 12/29/51
SIGNATURE OF HEALTH OFFICER: Wm. L. Weir, M.D.
25. FUNERAL DIRECTOR: Geisen Funeral Home
ADDRESS: Gary, Ind.

EMBALMER'S NAME: Harold Konzelman
LICENSE No.: 3671
FUNERAL DIRECTOR'S LICENSE No.: 364

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