

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

Local No. 17  
919  
Registered No. 1781

1. PLACE OF DEATH:  
County Lake  
City or town Indiana Harbor  
(If outside city or town limits, write RURAL)  
Street address, hospital, or institution  
Hopper Cook Co  
Stay in hospital or inst. (yrs., or mos., or days)  
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
State Indiana County Lake  
City or town Indiana Harbor  
(If outside city or town limits, write RURAL)  
Street No. 32-33 Michigan Ave  
(If rural give LOCATION)  
2. (a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Eugene Stonebreaker

3. (b) Social Security Number  
307-01-3156

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Mary C. Stonebreaker 6. (c) If alive, give age deceased years  
7. Birth date of deceased (mo., day, yr.) March 1-1874  
8. AGE: Years 68 Months 10 Days 3 If less than one day hrs. min.  
9. Birthplace Wapakoneta Indiana  
10. Usual occupation National Congressman  
11. Industry or business Hopper Cook Co  
12. Name Alonzo Stonebreaker  
13. Birthplace Wapakoneta Indiana  
14. Maiden name Elizabeth Hollings  
15. Birthplace Wapakoneta Indiana  
16. Informant Wace Stonebreaker  
Address Hillwell Indiana  
Bureau Date thereof 1-16-43  
Burial, cremation, or removal which (month) (day) (year)  
Cemetery or crematory Greenwood  
Location Hammond Ind.  
18. Funeral director Hudson Daniel Stone, Inc.  
Address Hammond Ind.  
Filed 16 in 3 District on 1-15-43

CORONER'S CERTIFICATION  
20. DATE OF DEATH Jan. 15 1943 at 10:30 A. M.  
21. I HEREBY CERTIFY that I took charge of the remains described above, held inquest, autopsy or inquiry thereon and from the evidence obtained find that said deceased came accidental death on the day stated above, at 10:30 H. M.  
The principal cause of death and related causes of importance were as follows:  
Brain 1-2-30  
Other causes: Shock  
Major findings:  
Of operations:  
Of autopsy:  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide accident Date of 1-15-43  
Where did injury occur? 5400 WAKE (City or town) (State)  
Injured at home, farm, industry, public place public place  
Injured at work yes Means of injury fire  
23. SIGNATURE William J. ... Coroner of County Lake Precinct  
Address East Chicago Date signed 1-15-43



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

JAN 31 2006

