

BIRTH
CERTIFICATES,
& OTHER IMPORTANT
PAPERS.

A REPORT ON YOUR

COMMERCIAL

WRITTEN EXAMINATION

DATED

2/2/51

DO NOT DESTROY

1	2	3	4	5	6
XX	XX	77	XX		

GEORGE BALAZS, JR.
1558 LIBERTY STREET
LINCOLN PARK, MICHIGAN

SEE REVERSE SIDE FOR INTERPRETATION.
MACHINE SCORED ANSWER SHEETS
WHICH SHOW GRADES BELOW PASSING
ARE HAND-SCORED AS A DOUBLE CHECK
BEFORE GRADES ARE ISSUED.

IF THIS FORM IS LOST OR DESTROYED YOU MAY OBTAIN A DUPLICATE FROM THE AIRMAN RECORDS SECTION, CIVIL AERONAUTICS ADMINISTRATION, WASHINGTON 25, D. C., BY SENDING \$1.00 (MONEY ORDER OR CHECK MADE PAYABLE TO THE TREASURER OF THE UNITED STATES) AND STATING THE TITLE OF THE EXAMINATION, THE PLACE WHERE IT WAS TAKEN, AND THE APPROXIMATE DATE.

Wm. J. Moore
CHIEF, AIRMAN DIVISION

A REPORT ON YOUR

COMMERCIAL

WRITTEN EXAMINATION

6/4/51

DO NOT DESTROY

1	2	3	4	5	6
XX	XX	XX	87		

GEORGE BALAZS JR.
1558 LIBERTY
LINCOLN PARK, MICHIGAN

SEE REVERSE SIDE FOR INTERPRETATION.
MACHINE SCORED ANSWER SHEETS
WHICH SHOW GRADES BELOW PASSING
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Wm. J. Moore
CHIEF, AIRMAN DIVISION

A REPORT ON YOUR

COMMERCIAL

WRITTEN EXAMINATION

DATED

9/20/50

DO NOT DESTROY

1	2	3	4	5	6
77	XX	XX	XX		

GEORGE BALAZS JR.
1558 LIBERTY STREET
LINCOLN PARK, MICHIGAN

SEE REVERSE SIDE FOR INTERPRETATION.
MACHINE SCORED ANSWER SHEETS
WHICH SHOW GRADES BELOW PASSING
ARE HAND-SCORED AS A DOUBLE CHECK
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IF THIS FORM IS LOST OR DESTROYED YOU MAY OBTAIN A DUPLICATE FROM THE AIRMAN RECORDS SECTION, CIVIL AERONAUTICS ADMINISTRATION, WASHINGTON 25, D. C., BY SENDING \$1.00 (MONEY ORDER OR CHECK MADE PAYABLE TO THE TREASURER OF THE UNITED STATES) AND STATING THE TITLE OF THE EXAMINATION, THE PLACE WHERE IT WAS TAKEN, AND THE APPROXIMATE DATE.

Wm. J. Moore
CHIEF, AIRMAN DIVISION

COMMERCIAL

4/16/50

IS INDICATED BELOW.

A REPORT ON YOUR
SEE REVERSE SIDE FOR INTERPRETATION.

WRITTEN EXAMINATION DATED

DO NOT DESTROY

SECTION OF EXAMINATION

1	2	3	4	5	6
XX	83	A	XX	XX	

GEORGE BALAZS, JR.
1558 LIBERTY STREET
LINCOLN PARK, MICHIGAN

IF THIS FORM IS LOST OR DESTROYED YOU MAY OBTAIN A DUPLICATE FROM THE AIRMAN RECORDS SECTION,
CIVIL AERONAUTICS ADMINISTRATION, WASHINGTON 25, D. C., BY REMITTING \$1.00 (MONEY ORDER OR CHECK
MADE PAYABLE TO THE TREASURER OF THE UNITED STATES) AND STATING THE TITLE OF THE EXAMINATION,
THE PLACE WHERE IT WAS TAKEN, AND THE APPROXIMATE DATE.

[Signature]
Director, Airman Section

DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION
WASHINGTON 25, D. C.
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$500.

(PMSC)



ASSESSED

GROUND SCHOOL FOR "COMMERCIAL" LICENSE."

No. 2578120

TO BE GIVEN TO THE PERSON NATURALIZED.

CERTIFICATE OF



NATURALIZATION

Position, Volume 65 Number 15092

Description of holder: Age, 31 years; height, 5 feet, 7 inches; color of eyes, Blue; color of hair, Brown; complexion, Medium; visible distinguishing marks, None

Name, age, and place of residence of wife

(NOTE:—AFTER SEPTEMBER 22, 1922, HUSBAND'S NATURALIZATION DOES NOT MAKE WIFE A CITIZEN.)

Name, age, and place of residence of minor children: George, 9; Irene, 7; both reside at Detroit, Mich.

ORIGINAL

EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

George Balazs (Signature of Holder)

Be it remembered, that George Balazs then residing at number 3345 S. Annabelle Ave., Detroit, Michigan

to his naturalization was a citizen of Hungary having applied to and admitted a citizen of the United States of America pursuant to law, and as a Regular term of the District Court of the United States held at Detroit on the 24th day of October

in the year of our Lord nineteen hundred and 22, the court having found that the petitioner intends to reside permanently in the United States, and that he had in all respects complied with the Naturalization Laws of the United States, and that he was entitled to be so admitted, it was thereupon ordered by the said court that he be admitted as a citizen of the United States of America.

[SEAL]

In testimony whereof the seal of said court is hereunto affixed on the 24th day of October in the year of our Lord nineteen hundred and 22 and of our Independence the one hundred and fifty-second

Urie W. Forneri

Clerk, United States District Court, Eastern District of Michigan.

(Official, Director of Attorney)



ARMY AIR FORCES TRAINING COMMAND

Be It Known That

PFC. GEORGE PALAZA, JR. 36 895 835

Has Satisfactorily Completed The Prescribed Course of Training For

FLEXIBLE GUNNERY

Given at LAS VEGAS ARMY AIR FIELD, LAS VEGAS, NEVADA

From 9 October 1944 *To* 18 November 1944

In Testimony Whereof and By Virtue of Vested Authority I Do Confer Upon Him This

DIPLOMA

Given on this 19 *day of* November, *one thousand nine hundred and forty four.*

Attested: R. M. STEVENSON,
1st Lt. Air Corps,
School Secretary.

George E. Henry
Colonel, Air Corps,
Commanding

STATE OF MICHIGAN



DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN
P.O. BOX 30195, LANSING, MICHIGAN 48909

DATE: June 10, 1991

George Balazs Jr
TO P.O. Box 403
Yucca Valley, CA 92286

FROM: Office of the State Registrar & Center for Health Statistics

SUBJECT: Official Notice - Requested Record Cannot Be Located

George Balazs & Mary Milkovits (Milkovics)
Marriage * 1916. 1917 & 1918

We have been unable to identify the record which you requested. In accordance with Act 363 P.A. 1978, the fee submitted is for the search which has been conducted. Therefore, we are retaining your remittance for this search.

If you have any additional questions, please contact the Certification Unit at (517) 335 8656

George Van Amburg

George Van Amburg
State Registrar and Chief
Office of the State Registrar &
Center for Health Statistics
B 700FL (7/88) Authority Act 368 P.A. 1973

1/25/93 #13
1/9/93 #4

1915-1921
(7 years)



STATE OF MICHIGAN



DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN/MARTIN L. KING JR., BLVD.
P.O. BOX 30195, LANSING, MICHIGAN 48909

TO:

GEORGE BALAZS JR.
PO BOX 403
YUCCA VALLEY CA 92286

DATE: October 22, 1991

FROM: Office of the State Registrar & Center for Health Statistics

SUBJECT: Official Notice - Requested Record Cannot Be Located

GEORGE BALAZS V.S MARY MILKOVICS (MILKOVITS, MOLKIVICS, MOLKOVITS)
DIVORCE * 1920-1922

We have been unable to identify the record which you requested. In accordance with Act 368, P.A. 1978, the fee submitted is for the search which has been conducted. Therefore, we are retaining your remittance for this search.

If you have any additional questions, please contact the Certification Unit at (517) 335-8656.

George Van Amburg
State Registrar and Chief
Office of the State Registrar &
Center for Health Statistics
B-700FL (9/91) Authority Act 368 P.A. 1978

1/25/93
1/9/93
1919, 1923, 1924, 1925,
1926, 1927, 1928

STATE OF MICHIGAN



DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN/MARTIN L. KING JR., BLVD.
P.O. BOX 30195, LANSING, MICHIGAN 48909

TO:

DATE: March 9, 1993

GEORGE H. BALAZS
992-A AWAAWAANO PLACE
HONOLULU, HI 96825

FROM: Office of the State Registrar & Center for Health Statistics

SUBJECT: Official Notice - Requested Record Cannot Be Located

GEORGE BALAZS AND MARY MILKOVICS (MILKOVITS OR MOLKOVICS)
MARRIAGE 1915, 1916, 1917, 1918, 1919, 1920, & 1921
GEORGE BALAZS AND MARY MIKLOVICS (MILKOVITS OR MOLKOVICS)
DIVORCE 1919, 1923, 1924, 1925, 1926, 1927, & 1928

We have been unable to identify the record which you requested. In accordance with Act 368, P.A. 1978, the fee submitted is for the search which has been conducted. Therefore, we are retaining your remittance for this search.

If you have any additional questions, please contact the Certification Unit at (517) 335-8656.

George Van Amburg
State Registrar and Chief
Office of the State Registrar &
Center for Health Statistics
B-700FL (9/91) Authority Act 368 P.A. 1978

HEADQUARTERS



224TH

Combat Crew Training Station
Sioux City Army Air Base
Sioux City, Iowa

Be it known that CPT. GEORGE BALAZS JR. has satisfactorily completed the course of instruction as prescribed by the Commanding General, Army Air Forces, and the Commanding General, Second Air Force, as CARRIER GUNNER, member of Combat Crew No 10487, and has satisfactorily completed all proficiency tests so required of him in this flying and technical training.

In testimony whereof and by virtue of vested authority I do confer upon him this

CERTIFICATE OF PROFICIENCY

Given on this TWENTY EIGHTH day of MARCH
in the year of Our Lord one thousand nine hundred and
FORTY FIVE

Robert Hoover, Lt Col AC

DIRECTOR OF TRAINING

224TH COMBAT CREW TRAINING STATION

Albert W. Hahn Lt Col AC

COMMANDANT

224TH COMBAT CREW TRAINING STATION

Franklin Park High School



This Certifies That

Emily B. Bauser

has satisfactorily completed the Course of Study prescribed by the Board of Education for the High School and is therefore entitled to this

Diploma

Given at Lincoln Park, Michigan, this 18th day of June 1936

Leo W. Huff
Superintendent

Carl F. Baker
Principal

Reginald S. Worth
President

Albert Hyman
Secretary

Marriage License

Wayne County, Michigan

To any person legally authorized to solemnize marriage in the
State of Michigan,

Greeting:

Marriage May Be Solemnized in the State of Michigan Between

Mr. GEORGE BALAZS and M. EMILY BAUSER

affidavit having been filed in this office, as provided by Public Act No. 128, Laws of 1887, as amended, by which it appears that said

GEORGE BALAZS is 21 years of age.

color is White, residence is Detroit, Michigan, and birthplace was

Michigan, occupation is Laborer, father's name

George, and mother's maiden name was Mary Holkovic and

has been previously married No time 5; and that said EMILY BAUSER

is 20 years of age, color is White, residence is Lincoln Park, Michigan and

birthplace was Michigan, occupation is Waitress, father's name

Rudolph, and mother's maiden name was Emily Masuch

and who has been previously married No time 5, and whose maiden name was

_____ and whose _____ consent, in case she

Parent's or Guardian's

has not attained the age of eighteen years, has been filed in my office.

In Witness Whereof, I have hereunto attached my hand and the

seal of Wayne County, Michigan, this 9th

day of August, A. D. 19 39

L. S.

Casper J. Pughman
County Clerk

Certificate of Marriage

Between Mr. George Balazs and Miss Emily Bauser

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, at Lincoln Park, County of Wayne, MICHIGAN,

on the 2nd day of September, A. D. 1939, in the presence

of Miss Eldred Masuch, of Detroit, Mich.

and Mr. Alex Brooks, of Detroit, Mich.

as witnesses.

Rev. H. C. Brauer
Name of Magistrate or Clergyman.

Er. Luth. Pastor
Official Title

THIS DUPLICATE must be delivered by the person solemnizing marriage to one of the parties joined in marriage.



Extractum

Ex Libro Baptizatorum Ecclesiae Sanctae Crucis Diocesis Detroitensis, In Statu Michigan Statuum Foederatorum Americae Septentrionalis.

Kivonat az Észak-Amerikai Egyesült Államok Michigan állam Detroit nevé egyházmegyéhez tartozó "Szent Kereszt" róm. kath. magyar hitközség Kereszteleési Anyakönyvéből.

Extract from the Register of Baptisms of Holy Cross Rom. Cath. Church of the Diocese of Detroit, Michigan, U. S. A.

Időszám No.	Dies Natalis Születés napja Date of Birth	Dies Baptismi Keresztelés napja Date of Baptism	Nomen Infantis Gyermek neve Name of infant	Nomen Parentum Szülők neve Name of Parents	Patrimi Keresztelőik Sponsors	Baptizans Keresztelő lelkész Officiating Priest	Adnotationes Megjegyzések Remarks
448	May 2 1918	May 12 1918	George	George Balázs	Emery Tóth	Rev. H. F. Klemer	
105				Mary Melkovic	Barbara Beri		

A. D. 1918. 29



... quorum fidem has litteras manu nostra subscriptas et sigillo Ecclesiae Sanctae Crucis
... seok hiteltesítéseiül kezünk aláírása és a Szent Kereszt Hitközség pecsétje.
... Witness whereof, this our hand and the seal of Holy Cross Church.

Beneditus Nagy
Parochus (vel delegatus) Ecclesiae Sanctae Crucis.

FAMILY INFORMATION SHEET

Please fill in the following blanks as completely as possible:

~~ABOUT THE HUSBAND:~~

1. His complete name ... RUDOLPH FRANK BAUSER
2. His date of birth ... NOV. 22, 1893
3. Place of his birth ... NEWARK, NEW JERSEY
4. His Father's complete name ... URRICH CHARLES BAUSER
5. His Mother's maiden name ... BARBARA WEBBER
6. The names of other wives, if any
7. If no longer living, the date of his death ... OCT. 1959
8. Where he died ... FLATROCK, MICHIGAN
9. Where he is buried (including cemetery) ... MICHIGAN MEMORIAL

ABOUT THE WIFE:

Was he christened? — FLATROCK, MICH
where

1. Her complete maiden name ... EMILIE BERTHA MASUCH
2. Her date of birth ... 5-9-1895 ... Christened 1895 at MARWALDE
3. Place of her birth ... GUENTLAU, EAST PRUSSIA, GERMANY
4. Her Father's complete name ... AUGUST MASUCH
5. Her Mother's maiden name ... GOTTLIEBE SCHULTZ
6. The names of other husbands, if any
7. If she is no longer living, the date of her death ... 9-13-1968
8. Where she died ... LINCOLN PARK, WAYNE, MICH
8. Where she is buried (including cemetery) ... MICHIGAN MEMORIAL PARK
FLATROCK, MICHIGAN.

ABOUT THEIR MARRIAGE:

1. When were you married (entire date, please)
2. Where were you married

(Please turn over sheet and continue)

GLADYS L. MASUCH
 23051 Nona St.
 DEARBORN, MI. 48124.

BAUSER + MASUCH
 SIDE OF FAMILY.

ABOUT YOUR CHILDREN:	Children's Name M or F (Complete name in order of birth)	Birth date	Place born	Married to (Complete name)	Date of Marriage
1.	F. MAXINE BARBARA	10-14-1916	DETROIT, MI.	CARL STANLEY-BROWN	NOV. 28, 1936
2.	F. EMILY BERTHA	9-22-1918	DETROIT, MI.	GEORGE BALAZS	NOV. 2, 1939
3.	M. MILO FRANK	5-13-1922	DETROIT, MI.		JAN. 23, 1944
4.	F. JUNE MARIE	6-13-1924	LINCOLN PARK, MI.	NORBERT DULGOS	NOV. 11, 1943
5.	F. JOYCE MARION	6-13-1924	LINCOLN PARK, MI.	JOSEPH MATTHEWS	
6.	F. BETTY JANE	10-2-1928	PERDREY, MI.	CHARLES MOHR	
7.	F. JACQUELINE FAITH	9-29-31	LINCOLN PARK, MI.	PAUL ROBERT DESCHAM	
8.	M. ULRICH CHARLES	4-2-35	LINCOLN PARK, MI.	EDNA J. EARRAY	AUG. 27, 1949
9.					
10.					

(MAXINE)
 (EMILY)
 (MILO)
 (JUNE, JOYCE) TWINS.
 (BETTY JANE)
 (JACKIE)
 (RICHIE)

NOTE: A separate form needs to be filled out for each marriage, i. e. 2d marriage for husband or wife or both and a form for each married child and his family.

Army of the United States



Honorable Discharge

This is to certify that

GEORGE BALAZS JR

36895835 CPL SQ N 1 244 AAF BU

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at SEPARATION CENTER
FORT SHERIDAN ILLINOIS

Date 15 MARCH 46

M A FUNK
MAJ FA

**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL BALAZS JR GEORGE			2. ARMY SERIAL NO. 36 895 835		3. GRADE CPL	4. ARM OR SERVICE AAF	5. COMPONENT AUS
6. ORGANIZATION SQ N 1 244 AAF BU			7. DATE OF SEPARATION 15 MAR 46		8. PLACE OF SEPARATION FT SHERIDAN ILL SEPARATION CENTER		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 1582 PAGEL ST LINCOLN PK MICH					10. DATE OF BIRTH 2 MAY 18	11. PLACE OF BIRTH DETROIT MICH	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9					13. COLOR EYES BROWN	14. COLOR HAIR BROWN	15. HEIGHT 5 7
16. WEIGHT 165	17. NO. DEPEND. 2	18. U.S. CITIZEN X	19. MARITAL STATUS X	20. U.S. CITIZEN X	21. CIVILIAN OCCUPATION AND NO. TOOL GRINDER OPR 5 84 110		

MILITARY HISTORY

22. DATE OF INDUCTION 29 DEC 43		23. DATE OF ENLISTMENT 19 JAN 44		24. DATE OF ENTRY INTO ACTIVE SERVICE FT SHERIDAN ILL		25. PLACE OF ENTRY INTO SERVICE FT SHERIDAN ILL	
26. REGISTERED X		27. LOCAL S.S. BOARD NO. 43		28. COUNTY AND STATE WAYNE CO MICH		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 3233 S EDSEL DETROIT MICH	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. AERIAL GUNNER 611				31. MILITARY SPECIALIZATION AND NO. (i.e., Infantry, Aviation and Marksmanship Badges, etc.) MM W/PISTOL 45 AERIAL GUNNER WINGS			
32. BATTLES AND CAMPAIGNS NONE							

33. DECORATIONS AND CITATIONS VICTORY MEDAL AMERICAN THEATER RIBBON GOOD CONDUCT MEDAL							
34. WOUNDS RECEIVED IN ACTION NONE							


35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN			
SMALLPOX DEC 44	TYPHOID DEC 44	TETANUS JUL 45	OTHER (specify)	DATE OF DEPARTURE NONE		DESTINATION	DATE OF ARRIVAL
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE		CPL			
YEARS	MONTHS	DAYS	YEARS				
2	1	27	0	0	0	0	0
39. PRIOR SERVICE NONE							

40. REASON AND AUTHORITY FOR SEPARATION CONVN OF GOVT RR 1 1 DEMOBILIZATION AR 615 365 15 DEC 44 AND AFPMP 1841 DTD 18 JAN 46 SERVICE							
41. SERVICE SCHOOLS ATTENDED AERIAL GNR B 17 44						42. EDUCATION (Years) Grammar 8 High School 2 College 0	

PAY DATA VO 32874

43. LONGEVITY SER PAY REDUCTION			44. MUSTERING OUT PAY		45. SOLDIER REPORTS		46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	NONE	15.50	119.70	LELAND E RICE CAPT FC
2	2	27	200	100				

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.							
48. KIND OF INSURANCE Nat. Sec. X U.S. Govt. X None		49. HOW PAID Allotment X Direct to V. A.		50. Effective Date of Allotment Discontinuance MAR 46	51. Date of Next Premium Due (One month after 50) APR 46	52. PREMIUM DUE EACH MONTH 6.80	53. INTENTION OF VETERAN TO Continue X Continue Only X Discontinue

54. 	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED ASR SCORE (2 SEP 45) 32 INACTIVE STATUS ERC FROM 29 DEC 43 TO 18 JAN 44						
56. SIGNATURE OF PERSON BEING SEPARATED <i>George Balazs Jr</i>				57. PERSONNEL OFFICER (Type name grade and organization - sign through) <i>L K Grinager 2nd</i>			

APPLICATION FOR READJUSTMENT ALLOWANCE PUBLIC LAW #346	
MADE THROUGH STATE Mich	DATE 3-18-46

54

CERTIFICATE OF DEATH

Michigan Department of Public Health

STATE FILE NUMBER

DECEASED—NAME LOCAL FILE NUMBER	FIRST George	MIDDLE Balazs	LAST	SEX male	DATE OF DEATH (MONTH, DAY, YEAR) January 25, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN,	AGE—LAST	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY,	COUNTY OF DEATH

STATE OF MICHIGAN,
County of Wayne, } ss.
City of Lincoln Park

I, WILLIAM G. SUZORE, Clerk of the City of Lincoln Park, in said county and state, do hereby certify that the annexed is a true copy of a Certificate of Death No. 54 (Year 1969) on file in the Office of the City Clerk of the City of Lincoln Park, that I have compared the same with the copy on file, and that said certificate is a true and correct transcript thereof and of the whole of such certificate.

In witness Whereof I have hereunto set my Hand and have caused the corporate seal of the City of Lincoln Park to be hereunto affixed, this

28 day of January, A.D. 1969
William G. Suzore
City Clerk.

UNIVERSAL PRINTING C-CL-3

ayne
GIVE STREET AND NUMBER I

Hospital
MRS. GIVE MARRIAGE NAME

STREET

Corporation
NO NUMBER

40 Samuel
MIDDLE LAST

eth Toth
TOWN, STATE, ZIP

Michigan 48180

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
?
5 days
?

AUTOPSY (YES OR NO?)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Yes	yes

BE OF INJURY IN PART I OR PART II, ITEM 18)

STATE

DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

12:55 P.

DATE SIGNED (MONTH, DAY, YEAR)
1-27-69

STATE ZIP

420 13101 SOUTHWIND ROAD, LITTLE ROCK, MICHIGAN 48141

BURIAL, CREMATION, OR REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Michigan Memorial</u>	LOCATION 24c. <u>Flat Rock, Michigan</u>	CITY OR TOWN	STATE
DATE (MONTH, DAY, YEAR) 24d. <u>Jan 28, 1969</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <u>Solosy Funeral Home 3206 Fort Lincoln Park, Mich</u>			
FUNERAL DIRECTOR—SIGNATURE 25a. <i>John K. Solosy</i>	REGISTRAR—SIGNATURE 25b. <i>William G. Suzore</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <u>1-27-69</u>		

B-36
1-68
300M

CERTIFICATE OF DEATH

Michigan Department of Public Health

54
LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		George		Balazs	male	January 25, 1969
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	5a. 72	5b. NOS. DAYS	5c. HOURS MIN.	June 7, 1896		Wayne
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STATE, GIVE STREET AND NUMBER)			
7a. Lincoln Park			7b. Yes N. Outer Drive Community Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Hungary		9. USA		10. Divorced		11. ***
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12.			13a. Auto Trim		13b. Chrysler Corporation	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Michigan		14b. Wayne		14c. Taylor		14d. Yes 1422240 Samuel
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME
			James		Balazs	Elizabeth Toth
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs Viola Fedorsin			17b. 22240 Samuel Taylor, Michigan 48180			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Generalized arteriosclerosis						?
(b) Cerebral thrombosis						5 days
(c) Cardiac insufficiency						?
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
Auricular fibrillation						19a. Yes 19b. yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
23a.		23b.		23c.	23d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
24a.		24b.		24c.		
CERTIFICATION—PHYSICIAN:			MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
25a. I ATTENDED THE DECEASED FROM 9-19-57 TO 1-25-69			25b. 1-25-69	25c. 1-25-69	25d. not	25e. 12:55 P.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
26a.			26b. 12:55 P.M.		26c. 1-25-69	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
33a. H.K. Koschnitzke, M. D.			33b. [Signature]		33c. 1-27-69	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
23d. 15101 Southfield Road, Allen Park, Michigan 48101						
BURIAL, CREMATION, OR REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN, STATE
34a. Burial		34b. Michigan Memorial		34c. Flat Rock, Michigan		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
34d. Jan 28, 1969		34e. Solosy Funeral Home 3206 Fort Lincoln Park, Mich				
FUNERAL DIRECTOR SIGNATURE			REGISTRAR SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
35a. [Signature]			35b. [Signature]		35c. 1-27-69	

DECEASED

RESIDENCE WHERE DECEASED DIED, IF DEATH OCCURRED IN INSTITUTION, GIVE ADDRESS BEFORE DEATH

PARENTS

CAUSE

CERTIFIER

BURIAL

8-36
1-6B
300M

COPY

PLACE OF BIRTH

Wayne

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF BIRTH

JUN 13 1918

Registered No. **9907**

Detroit (No. *49* *Vanderbilt* 18th Ward)
(If birth occurred in a hospital or other institution, give name of same instead of street and number.)

NAME *George Balans*
(If child is not yet named, make a hospital report, as directed.)

Sex *Boy* (Male or female?) and (Number in order of birth) *1* Legitimacy *leg* Date of Birth *May 2* 1918
(Month) (Day) (Year)

FATHER *George Balans* FULL MAIDEN NAME MOTHER *Mary Milkovits*

RESIDENCE (Address) *49 Vanderbilt*

AGE AT LAST BIRTHDAY *21* COLOR OR RACE *White* AGE AT LAST BIRTHDAY *17*
(Years) (Years)

BIRTHPLACE *Hungaria*

OCCUPATION (and Industry) *laborer* *house wife*

Number of children of this mother *1* Number of children of this mother, now living *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was *Born alive* at *4* M.,
(born alive or stillborn)
as above stated.

Sex of child *no* been treated with } (Signature) *Anna Flaworty*

What solution? *no* Dated *6* 1918 *Midwife*
(Attend to the child, as wife, father, etc.)

Christian name added from a Address *2260 Jefferson*

Report *191* Filed *MAY 6* 1918 *191*

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Public Health, Lansing, Michigan

CERTIFIED BY:

George Van Amburg
FEB 20 1991

George Van Amburg
State Registrar

PLACE OF BIRTH

WAYNE

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

CERTIFICATE OF BIRTH

Registered No. 21039

OCT 10 '18

DETROIT

(No. _____)

St. _____

Ward) _____

NAME
CHILD

Emily Bertha Bauer

If child is not yet named, make
nomenclature report, as directed.

Female

Twin,
triplet,
or other?

and

Number
in order
of birth

2

Legiti-
mate? YesDate of
Birth

Sept. 22, 1918

(Month)

(Day)

(Year)

FATHER
Rudolph F. BauerFULL
MAIDEN
NAMEEMILY MANSCH
MOTHERRESIDENCE
(Address)
1121 Baldwin AveRESIDENCE
(Address)

1121 Baldwin Ave

Color
WhiteAGE AT LAST
BIRTHDAY24
(Years)COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY23
(Years)PLACE
OF BIRTH
Newark New Jersey

BIRTHPLACE

Germany

OCCUPATION
(and industry)
MachinistOCCUPATION
(and industry)

Housewife

Order of child of this mother

2

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was

Sept 22, 1918

at 8 A. M.,

at the place above stated.

(Hours, date or address.)

Were the eyes of child been treated with

mylaris solution? Yes

(Signature)

Geo. J. Stocker M.D.

Dated

191

Was the christian name added from a

nomenclature report

191

Address

1142 Townsend Ave

Filed

191

SEP 23 1918

REGISTRAR

I hereby certify that the above is a true and correct
reproduction of the certificate on file in the Michigan
Department of Public Health, Lansing, Michigan

CERTIFIED BY:

George Van Amburg
APR 03 1991George Van Amburg
State Registrar