

## CORONER'S CERTIFICATE OF DEATH

STATE  
FILE NO.

91122

| DECEDENT'S BIRTH NO.:  |                           | STATE OF ILLINOIS   |                | DIST. NO.   | REG. NO.   |
|--|---------------------------|---|----------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cook  |                           | ILLINOIS  |                | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence by way of admission).<br>a. STATE ILLINOIS b. COUNTY COOK |  |
| b. CITY (if outside corporate limits, write RURAL and give township)<br>OR TOWN CHICAGO  |                           | c. LENGTH OF STAY (in this place)<br>65 YEARS   |                | c. CITY (if outside corporate limits, write RURAL and give township)<br>OR TOWN CHICAGO                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (if not in hospital or institution, give street address or location)<br>4907 KENNETH   |                           |   |                | d. STREET ADDRESS (if rural, give location)<br>4907 KENNETH   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                           | a. (First) ROBERT   | b. (Middle) B. | c. (Last) MEINKE  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 29, 1952                       |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   |                | 8. DATE OF BIRTH<br>June 25, 1887   | 9. AGE (In years last birthday) 65<br>If Under 2 Year Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Clerk   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Bankers Life Ins.  |                | 11. BIRTHPLACE (State or foreign country)<br>Chicago  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                                       |
| 13. FATHER'S NAME<br>Frank Meinke  |                           | 14. MOTHER'S MAIDEN NAME<br>Louise Unknown  |                |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br>No   |                           | 16. SOCIAL SECURITY NO.<br>352-03-1676  |                | 17. INFORMANT<br>a. Signature Mrs. R. B. Meinke<br>b. Address 4907 N. Kenneth Ave.<br>c. Relationship to the deceased Wife    |  |
| 18. CAUSE OF DEATH<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).<br>Direct cause (a) chronic myocarditis |                           | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death, but not related to the disease or condition causing death |                | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION  |                | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21a. ACCIDENT (specify)<br>SUICIDE<br>HOMICIDE   |                           | 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)  |                           | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not While at Work <input type="checkbox"/>                              |                | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I made inquiry into the cause and manner of this death, and that I find the deceased herein described died from the cause and on the date as stated above.   |                           |   |                |   |  |
| 23a. SIGNATURE<br>Doctor E. H. Co...   |                           | CORONER   |                | 23b. DEPUTY CORONER<br>T. A. Lanter MA  |  |
| 23c. DATE SIGNED<br>Dec 29-52  |                           |   |                |   |  |
| BURIAL-REMOVAL-CREMATATION (date) December 31, 1952  |                           | RECEIVED FOR FILING ON: 9 31 1952   |                |   |  |
| PLACE OF BURIAL<br>Cemetery Ascension Park<br>Location Norwood Township  |                           | SIGNED: SUB REGISTRAR<br>DEPUTY REGISTRAR   |                |   |  |
| FURNERAL DIRECTOR<br>Firm Name Noble Funeral Home<br>Address 4401 Lawrence Ave.<br>Chicago, Illinois   |                           | LOCAL REGISTRAR:<br>Address: Sherman W. Sundersen<br>ILLINOIS   |                |   |  |
| Signature Ed Noble License Number F. 296   |                           | Reserved For State Office   |                |   |  |