

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County of COOK Registration  
Chicago Dist. No. 16

\*Village \*Township Primary  
\*City \*Road Dist. Dist. No.  
\*Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or  
other P. O. address)  
Street and  
Number, No. 4031- Drake Ave St. 16 Ward. 16  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U. S. (if foreign birth?) 20 yrs. 0 mos. 0 da.

Registered No. 3113  
(Consecutive No.)  
Hospital

2. FULL NAME Frank L. Meinke  
(a) Residence: No. 4031- Drake Ave St. 16 Ward. 16  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced  
HUSBAND of Lale Louise  
Or WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10 1880

7. AGE Years 08 Months 0 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. section foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. city of Chicago

10. Date deceased last worked at this occupation (month and year) Nov 1931 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Chicago  
(State or country) Illinois

13. NAME Herman Meinke

14. BIRTHPLACE (city or town) Unknown  
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
(State or country) Germany

17. INFORMANT W.C. Gungor  
(personal signature with pen and ink)  
P. O. Address 4031 N. Drake Ave

18. PLACE OF BURIAL, Cremation or Removal 19. DATE  
Cemetery Montrose Cemetery 11/9 1931  
Location Chicago  
(Township, Road Dist., Village or City)  
County Cook State Illinois

20. UNDERTAKER W. Schmitt ADDRESS 3834-36 Irving Park Blvd  
(personal signature with pen and ink)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/8 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/30 1931 to 11/8 1931  
I last saw him alive on 10/30 1931; death is said to have occurred on the date stated above, at 12:05 a. m.

\*The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis about 1 yr. Date of onset

Other contributory causes of importance:  
Diabetes Mellitus 5 yrs

23. [Where was disease contracted, if not at place of death? L]  
[Was an operation performed? No Date of L]  
[For what disease or injury? L]  
[Was there an autopsy? No]  
[What test confirmed diagnosis? Physical findings]

24. Was disease in any way related to occupation of deceased? No  
If so, specify L  
(Signed) W.R. Read M. D.  
Address 3400 Irving Park Blvd  
Date 11/9 1931 Telephone ME 5515

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed 1931 NOV 9 PM 8 48 Registrar.  
P. O. Address Chicago

Has decedent ever served in military or naval service of U. S. ? NO