

48729

STATE OF ILLINOIS

**CORONER'S CERTIFICATE OF DEATH**

STATE FILE NUMBER: 624778

REGISTRATION DISTRICT NO. 1610

BIRTH NO. \_\_\_\_\_

DECEASED—NAME: **JOHN ROBERT MEYER** SEX: **Male** DATE OF DEATH: **Aug 21-1969**

RACE: **White** AGE: **56** UNDER 1 YEAR: \_\_\_\_\_ UNDER 1 DAY: \_\_\_\_\_ DATE OF BIRTH: **April-2-1913** PLACE OF BIRTH: **ILLINOIS COOK**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** INSIDE CITY (YES/NO): **Yes** HOSPITAL OR OTHER INSTITUTION—NAME: **MT. Sinai Hospital**

BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Indiana** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOWED): **FRANCES UNKNOWN**

SOCIAL SECURITY NUMBER: **317-07-2097** USUAL OCCUPATION: **Truck Driver** KIND OF BUSINESS OR INDUSTRY: **Cartage** U.S. WAR VETERAN: **No** WAR OR DATES OF SERVICE: **NONE**

RESIDENCE: **Indiana** COUNTY: **Lake** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **HANOVER TWP.** INSIDE CITY (YES/NO): **No** STREET AND NUMBER: **Box 393 Cedar Lake**

FATHER—NAME: **JOHN MEYER** MOTHER—MAIDEN NAME: **AGNES STARK**

DEATH WAS CAUSED BY: **Multiple Injuries extreme**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) MULTIPLE INJURIES extreme**

PART II. OTHER SIGNIFICANT CONDITIONS: \_\_\_\_\_

ACCIDENT SUICIDE, HOMICIDE, OR UNDERMINED (SPECIFY): **Accident** DATE OF INJURY: **AUG 21-1969** HOUR: **9:30 AM** HOW INJURY OCCURRED: **TRUCK-TRUCK COLLISION**

INJURY AT WORK (YES/NO): **Yes** PLACE OF INJURY AT HOME, FARM, STREET (FACTORY, OFFICE BUILDING, ETC. (SPECIFY)): **Expressway** LOCATION: **Chicago COOK ILLINOIS**

I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT: \_\_\_\_\_

THE DECEDENT WAS PRONOUNCED DEAD ON: **AUG 21 1969** AT: **9:50 A.M.**

CORONER'S SIGNATURE: **TERRY J. KEARNS M.D.** DATE SIGNED: **SEPT 15-1969**

CORONER'S PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: **AUG 26-1969**

BURIAL, CREMATION, REMOVAL (SPECIFY): **BURIAL** CEMETERY OR CREMATORY—NAME: **PULASKI CATHOLIC** LOCATION: **PULASKI, INDIANA** DATE (MONTH, DAY, YEAR): **8/25/69**

FUNERAL HOME: **GONARR WILSON 10240 S. EWING AVE. CHICAGO, ILL.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **60617**

LOCAL REGISTRAR'S SIGNATURE: **Morgan J. O'Connell** DATE REC'D. BY LOCAL REGISTRAR: **SEP 26 1969**

VS 202—(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS (BASED ON 1968 U. S. STANDARD CERTIFICATE)

STOP

FILED

FEB 13 1970

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Document is the property of the Lake County Recorder

*Jewel Holman*  
 75 West 37  
 Cedar Lake, Ind.  
 October 2, 1969

Lake Shore Add L.3 Bl.1

STATE OF ILLINOIS }  
 COUNTY OF COOK } SS  
 CITY OF CHICAGO }

I, Morgan J. O'Connell, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

FEB 13 12 52 PM '70

This Certified Copy VALID  
 ANDREW J. JOSEPH  
 Only When Original BLUE  
 SEAL AND BLUE SIGNATURE

Are Affixed.

*Morgan J. O'Connell*  
 LOCAL REGISTRAR