

UNOFFICIAL COPY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

COOK COUNTY

DECEASED: WALTER J. ...
 SEX: MALE AGE: ...
 RACE: ... HEIGHT: ... WEIGHT: ...
 BIRTH: ... PLACE OF BIRTH: ...
 OCCUPATION: ...
 RESIDENCE: ...
 DECEASED AT: ... ON: ... AT: ...
 CAUSE OF DEATH: ...
 MANNER OF DEATH: ...
 SIGNATURE OF PHYSICIAN: ...
 SIGNATURE OF MEDICAL EXAMINER: ...
 DATE: ...

CITY OF CHICAGO
COMITY OF COOK
STATE OF ILLINOIS

THIS DEATH AND OBSERVANCE
 RECORD FILED IN THE DEPARTMENT OF
 HEALTH AND HUMAN SERVICES OF
 COOK COUNTY, ILLINOIS, ON
 THIS 20th DAY OF APRIL, 1991.
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COUNTY CLERK OF COOK COUNTY
 CHICAGO, ILLINOIS

THE SIGNATURE ARE VALID
WHEN NOTICED FOR REAL AND
THE ORIGINAL COPY AND ID

600 APR 28 1986
 STATE OF ILLINOIS
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION NO. 1610
 DISTRICT NO. 1610
 REGISTERED NUMBER
 DECEASED - NAME
 FIRST MIDDLE LAST
 SEX DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF BIRTH
 SEX DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF BIRTH

608895
 PREVIOUS DAY, YEAR

APR 11 30, 1986

1. **GRACE Alice** **LEITCHARD** **FRANK**
 RACE - WHITE, HAIR - BROWN, EYES - BROWN OR DEEP BLUE, AGE - LAST (MONTH, DAY, YEAR) (MONTH, DAY, YEAR)
 4. **WALTER** **Scotch** **58** **56**
 CITY, TOWN, VIL. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME OF INSTITUTION, ADDRESS AND NUMBER

7b. **Chicago** **Illinois** **Holy Cross Hospital**
 STATE OF BIRTH OR RESIDENCE U.S.A. MADE COVERS 1
 CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, SEPARATED
 9. **USA** **Married**
 USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY

12. **353-22-5037** **Homemaker** **At Home**
 RESIDENCE STREET AND NUMBER CITY, TOWN, VIL. OR ROAD DISTRICT NO. INSIDE CITY (ZIP CODE)
 13a. **Chicago** **13b. At Home**
 14. **Yes** **14a. Cook** **14b. Illinois**
 FATHER - NAME (FIRST MIDDLE LAST) MOTHER - MAIDEN NAME (FIRST MIDDLE LAST)

15. **5229 W. 64th Pl.** **Chicago, Ill.**
 FATHER - NAME (FIRST MIDDLE LAST) MOTHER - MAIDEN NAME (FIRST MIDDLE LAST)
 16. **Calhoun** **Helen** **Munro**
 RELATIONSHIP MAILING ADDRESS (STREET AND NO., CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE, ZIP)

7a. **Robert Leitchard**
 DEATH WAS CAUSED BY: IMMEDIATE CAUSE
 (a) **CHRONIC ALCOHOLISM**
 (b) **due to, or as a consequence of**
 (c) **due to, or as a consequence of**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH AND NOT LISTED IN PART I (a)
 OCCASIONAL SUICIDE THOUGHTS ON UNDERSTANDING OF DEATH
 20a. **14th St. & 200** **20b. DATE OF INJURY (MONTH, DAY, YEAR)** **20c. HOUR** **20d. M** **20e. 201**
 INJURY AT WORK PLACE OF INJURY AT HOME, STREET, COUNTY, CITY, TOWN, VIL. OR ROAD DISTRICT NO. LOCATION (CITY, TOWN, VIL. OR ROAD DISTRICT NO., OR TOWN, VIL. OR ROAD DISTRICT NO., OR TOWN, VIL. OR ROAD DISTRICT NO.)
 20f. **201** **20g. DATE DECEASED WAS PRONOUNCED DEAD ON** **20h. AT**
 IF DEATH WAS THROUGH A PREGNANCY IN PART THREE MONTHS' PREGNANCY

21a. **Robert Leitchard, M.D.**
 MEDICAL EXAMINER'S SIGNATURE
 21b. **APR 28 1986** **21c. 9 25** **21d. 20 M**
 I CERTIFY THAT IN MY OPINION DEATH WAS CAUSED BY THE IMMEDIATE CAUSE AND DUE TO THE FACTS STATED AND THAT THE INFORMATION WAS OBTAINED FROM THE DECEASED OR FROM THE PERSONS WHOSE NAMES ARE LISTED IN PART I AND THAT THE DECEASED WAS PRONOUNCED DEAD ON THE DATE AND AT THE PLACE AND TIME STATED

22. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE
 23. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE

24a. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE
 24b. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE

25a. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE
 25b. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE

26a. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE
 26b. **Blake-Lamb Funeral Home** **712 W. 31st St.** **Chicago, Ill. 60616**
 FUNERAL HOME NAME STREET ADDRESS AND CITY, TOWN, VIL. OR ROAD DISTRICT NO., STATE

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 I, **LOWMIE C. EDWARDS, M.D., M.P.A.**, 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 AND DEATHS 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

STATUS AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

3873812

Robert E. Luckhard, being sworn on oath states that

at the time he took title to the property described in Certificate of Title

1382988
1122076, he was married to GRACE ALICE LUCKHARD
(give marital status)

Subsequent to that time (use applicable paragraph(s):

(a) he was married to _____ in
the City of _____, State of _____, on
_____, 19_____.

(b) the marriage was terminated by a judgment order in Case # _____
in the _____ Court of _____ County, State of _____,
on _____, 19_____, and affiant's
marital status has not changed since that date.

(c) that the marriage was terminated by the death of Grace A. Luckhard
, which occurred in the County of Cook
and affiant's marital status has not changed since that date. (Attach death ctf.)

(d) that after termination of the marriage as set forth in paragraph _____ above,
he was married again, and that marriage being to _____
in the City of _____, State of _____,
on _____, 19_____.

The legal description of the property described in Certificate of Title #
1382988 is as follows:

Lot Forty Two (42) in South Lockwood Avenue Subdivision, being
part of the Northeast Quarter of the Northwest Quarter of
Section 21, Township 38 North, Range 13, East of the Third
Principal Meridian, in Cook County, Illinois.

Permanent Index No. 19-21-116-018-0000

5229 W. 64th Pl. Chicago, IL

Affiant further states that _____ he makes this affidavit to induce the Registrar
of Titles, Cook County, Illinois, to issue his _____ Certificate of Title free and
clear of all objections regarding marital status.

Subscribed and sworn to before me
this 15th day of February,
A.D. 1990.

Robert E. Luckhard
(Affiant's signature with name at
time title was taken)

Karon A. Vorreyer
Notary Public

(Affiant's current signature)
"OFFICIAL SEAL"
Karon A. Vorreyer
Notary Public, State of Illinois
My Commission Expires 12/14/91

Commission expires 12-14-91

3873812

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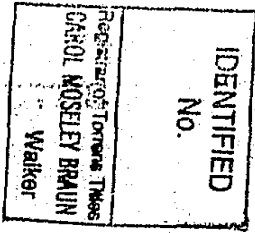
12/19/98
1967-98
N/A

3873812

3873812

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

ISSD APR 18 AM 10:21



Robert M. Walker
5524 W. 64th St.
Chicago, IL 60638

Property of Cook County Clerk's Office

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-12-01 BY 60322 UCBAW/STP