

DOMESTIC SER. CLAIMED

MO. 22 DAYS

MO.

AMOUNT CERTIFIED

72 83

NAME BROUK, Robert Ralph		CLAIM NUMBER C-708703	CHECKED BY
PRESENT ADDRESS Remarried widow		SERVICE SERIAL NO. [REDACTED]	DATE CHECKED
CITY AND STATE		COUNTY	EXAMINED BY
ADDRESS WHEN ENTERED SERVICE		ACK'M'T DATE	EXAMINED DATE
CITY AND STATE		DATE SER. STARTED	VERIF. REQ'D DATE
ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> MALE <input type="checkbox"/>	ENLISTED MAN <input type="checkbox"/> OFFICER <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE SEPARATED	VERIF. CHECKED BY
ENTERED SERVICE AT	WHERE SEPARATED	TYPE SEPARATION	VERIFIED DATE
TYPE OF PROOF OF SERVICE		DRAFT BOARD CITY	DATE CERTIFIED
DOMESTIC SER. CLAIMED MO. DAYS	FOREIGN SER. CLAIMED MO. DAYS	DRAFT BOARD NO.	AMOUNT CERTIFIED

NAME BROUK, Robert Ralph		CLAIM NUMBER C-708638	CHECKED BY
PRESENT ADDRESS Mother		SERVICE SERIAL NO. [REDACTED]	DATE CHECKED
CITY AND STATE		COUNTY	EXAMINED BY
ADDRESS WHEN ENTERED SERVICE		ACK'M'T DATE	EXAMINED DATE
CITY AND STATE		DATE SER. STARTED	VERIF. REQ'D DATE
ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> MALE <input type="checkbox"/>	ENLISTED MAN <input type="checkbox"/> OFFICER <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE SEPARATED	VERIF. CHECKED BY
ENTERED SERVICE AT	WHERE SEPARATED	TYPE SEPARATION	VERIFIED DATE
TYPE OF PROOF OF SERVICE		DRAFT BOARD CITY	DATE CERTIFIED
DOMESTIC SER. CLAIMED MO. DAYS	FOREIGN SER. CLAIMED MO. DAYS	DRAFT BOARD NO.	AMOUNT CERTIFIED

NAME BROUK, VIRGINIA S.		CLAIM NUMBER 186342	CHECKED BY
PRESENT ADDRESS 1643 No Melvina		SERVICE SERIAL NO. [REDACTED]	DATE CHECKED
CITY AND STATE Chgo 39 Ill.		COUNTY Cook	EXAMINED BY
ADDRESS WHEN ENTERED SERVICE 1643 N Melvina		ACK'M'T DATE	EXAMINED DATE
CITY AND STATE Chgo Ill.		DATE SER. STARTED 6 Aug 43	VERIF. REQ'D DATE
ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> MALE <input type="checkbox"/>	ENLISTED MAN <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE SEPARATED 24 Nov 45	VERIF. CHECKED BY
ENTERED SERVICE AT Ft Ogelthorpe	WHERE SEPARATED Ft Des Moines	TYPE SEPARATION HON	VERIFIED DATE
TYPE OF PROOF OF SERVICE Disch.		DRAFT BOARD CITY	DATE CERTIFIED

Form No. 4—For All BENEFICIARIES Service-Connected Deaths

Beneficiaries living
IN COOK COUNTY

MAIL Applications to:
SERVICE RECOGNITION BOARD
218 West Monroe Street
Chicago 6, Illinois

STATE OF ILLINOIS
SERVICE RECOGNITION BOARD

Governor DWIGHT H. GREEN, Chairman
RICHARD YATES ROWE, Treasurer
LEO M. BOYLE, Secretary

APPLICATION FOR VETERANS COMPENSATION

Must be Filed with Board prior to July 1st, 1949

Beneficiaries living
OUTSIDE COOK COUNTY

MAIL Applications to:
SERVICE RECOGNITION BOARD
301 West Adams Street
Springfield, Illinois

DO NOT FILL THIS OUT UNTIL YOU HAVE STUDIED INSTRUCTIONS CAREFULLY

I/~~we~~ EMILY BROUK

am/~~are~~ the (here insert relationship to deceased Veteran) MOTHER of

ROBERT
First Name

RALPH
Middle Name

BROUK
Last Name

[REDACTED] deceased
Serial Number

hereby make application for compensation under the "Act to provide payment of compensation to certain persons who served with the military or naval forces of the United States prior to, or in the recent war with Germany, Italy, Japan and other nations, etc.", and in support of such application make(s) the following statement:

841208

CLAIM NUMBER

708638 A

← LEAVE BLANK

1. Deceased entered into the Armed Service of the United States on 20 December 1939 at Chicago Cook Ill. entering into Army Air Corps
City County State Day Month Year

2. That at the time of his entering service he was a bonafide resident of the State of Illinois living at 7120 S. 59TH COURT ICERO COOK ILLINOIS PARENTS
Street City County Number (See Instructions)

3. If the deceased did not enter Service in the State of Illinois, state the reasons; how long out of State and his address at time of such entry

DOES NOT APPLY

4. State below the names and addresses of wife or husband, child or children, mother, father, person standing in loco parentis, if any, and brothers and sisters. If there are none or any are dead or ineligible, so state.

MRS. VIRGINIA BROUK DAVIS - REMARRIED WIDOW - ADDRESS UNKNOWN.

PETER F. BROUK - FATHER - 7120 S. 59TH ST - ICERO, ILLINOIS.

HAROLD BROUK - BROTHER - SAME AS ABOVE

NO CHILDREN BORN OF DECEASED VETERAN -
(See Instructions)

5. I/~~we~~ have made no other claim in any other State or am/~~are~~ I/~~we~~ the assignee or assignees of a bonafide claimant.

Emily M. Brouk
Signature

Signature

Signature

Signature

INSTRUCTIONS

This form will be filled in by typewriter, or printed in ink. LEAVE NO BLANK SPACES.

The beneficiary or beneficiaries, whether husband or wife, child or children, mother, father, person standing in loco parentis, brothers and sisters, must make claim on the foregoing form and complete the same in detail accompanying it with the necessary information and proof to establish the claim. Payment of a claim is predicated upon the residence of the deceased Veteran in Illinois; his death being service-connected and the proper degree of relationship of the claimant toward him.

The application commences with three blank lines. The name of the claimant will be inserted immediately after the words I/We; if there be more than one claimant, that is, more than one child, or more than one brother or sister, then the names of all such children of the deceased or brothers or sisters of the deceased must be inserted. The degree of relationship, such as "wife" or "brothers and sisters" of the claimants will be inserted in the next blank space. The FULL name of the deceased Veteran through whom this claim is made will be inserted in the next blank space.

The claims of minor beneficiaries will be prepared by the duly qualified guardian; claim of incompetents will be prepared by the duly qualified conservator.

Relative to paragraph 1; date and place of entry into service will be inserted by the claimant. After the words "entering into" insert Branch of Service that is, "Army," "Navy," "Marine Corps," or whatever branch of the Armed Services the deceased Veteran entered.

In reference to paragraph 2; insert in the first blank line the proper address of the deceased at the time of his entering Service. In the next blank space insert the relationship of those with whom he resided to the deceased, such as "Wife and children." If the deceased did not live with relatives so state.

With reference to paragraph 3; give information called for in detail. If question does not apply to this case so state.

With reference to paragraph 4; in these blank lines insert the names and addresses as called for even though such persons may not be living or entitled to make a claim. Designate the relationship of each person to the deceased. Name, address of claimant will be inserted here also. If the spouse of the deceased Veteran was divorced so state.

I. HUSBAND OR WIFE making application must prove:

- a. Death of person rendering service (photostatic or certified copy of official notification of death should be attached).
- b. Marriage of the parties, and that such marriage existed at the time of death of persons through whom claim is made.

II. CHILD OR CHILDREN making application must prove:

- a. Death of person rendering service (See I a, above).
- b. Marriage of deceased and other parent of child or children.
- c. That surviving spouse is dead, or was divorced (certified copy of death certificate or divorce decree shall be attached).

III. MOTHER, FATHER making application must prove:

- a. Death of person rendering service (See I a, above).
- b. That such person was unmarried, or if married that spouse of such person is dead or was divorced. (See II c, above).
- c. That if such person is married there were no children, or if there were children, all are dead. (Photostatic copy of Death certificate, must be attached).
- d. If FATHER is applicant that Mother is dead. (Photostatic copy of death certificate must be attached.)
- e. That the deceased upon whose service claim is made was the son or daughter of the claimant. (Photostatic copy of Birth certificate).

IV. PERSON STANDING IN LOCO PARENTIS must prove:

- a. That he or she stood in relation of parent toward the person rendering service and comply with III above.

V. BROTHERS OR SISTERS must prove:

- a. See I a, above.
- b. and c, same as III above.
- d. That both the Mother and Father of the person rendering service are dead, and that no one stood in relation of parent to the person through whom the claim is made (Photostatic copies of Death certificates will suffice to prove death; affidavits of responsible persons having knowledge of the facts should be sufficient to show that no one stood in loco parentis toward the deceased Veteran).
- e. Relationship of brother or sister existed between the applicant or applicants and person rendering service (affidavits of responsible persons may accompany the application).

IN ALL CASES: Not less than two (2) affidavits of reputable citizens having a knowledge of all the facts essential to show that the claimant is the proper person to receive compensation under this Act may be submitted.

EXTRACT OF LAW

ARTICLE I

Section 1-2. * * * * *, if any person died while serving in the military or naval forces of the United States on or after September 16, 1940 and prior to September 3, 1945 and his death was service-connected, his survivors as hereinbefore designated and in the order named shall be paid nine hundred dollars (\$900.00), regardless of the length of his service.

STATE OF Illinois }
County of Cook } SS.

This 31st day of July A. D., 1947 personally appeared before me
Mrs Emily Brook

known to me to be the person or persons who executed the above fore-
going application and being first duly sworn on oath depose^s and say^s that the answers and statements therein
made are true to the best of ~~his~~ (her) (~~their~~) knowledge and belief.

[SEAL]

My commission expires

Oct 20 - 1948

Samuel J. Trump
Notary Public

STATE OF _____ }
County of _____ } SS.

This _____ day of _____ A. D., 19_____ personally appeared before me _____

known to me to be the person or persons who executed the above fore-
going application and being first duly sworn on oath depose_____ and say_____ that the answers and statements therein
made are true to the best of his (her) (their) knowledge and belief.

[SEAL]

My commission expires _____

Notary Public

APPLICANT MUST NOT FILL IN SPACE BELOW

Claim Number G-708638	Name <u>EMILY M. BROUK</u> Address <u>2120 SOUTH 59th COURT</u> <u>CICERO, ILLINOIS</u>
Name <u>ROBERT RALPH BROUK</u> Address <u>EMILY ZERSEK</u> <u>(DECEASED)</u> <u>2120KSVZ59THXCOURT</u> <u>CICERO, ILLINOIS</u>	Name _____ Address _____
Checked by <u>Ray H. Forsythe</u> Approved by <u>Raymond A. Bertaglio</u> <i>RA</i> Allowed by <u>George E. Calle</u> <i>GEC</i>	Name _____ Address _____
Computed by <u><i>Combr</i></u>	Name _____ Address _____
Extended by <u><i>Combr</i></u>	Name _____ Address _____
TOTAL AMOUNT DUE <u>\$901.10</u>	
Checked by <u><i>SM</i></u>	Name _____ Address _____
Paid Voucher No. _____	



DO NOT DETACH THIS PORTION FROM ABOVE CHECK No.V-B 841208

VETERAN OR BENEFICIARY MUST SIGN STATEMENT BELOW - OTHERWISE CHECK WILL NOT BE PAID BY STATE TREASURER.
THIS STATEMENT MUST NOT BE DETACHED FROM THE CHECK ABOVE AND CHECK MUST BE ENDORSED ON BACK AS INDICATED.

I certify that I was honorably discharged or separated from active Military or Naval Service of the United States of America and that I received more than sixty days between September 16, 1940 and September 3, 1945. I further certify that while serving in the Military or Naval Service of the United States I did not work as a civilian at civilian pay, and that I did not receive from another State a bonus or compensation of a like nature as provided in the Illinois World War II Compensation Act. I further certify that I am legally entitled to payment as evidenced by this voucher, and in accordance with the Illinois World War II Compensation Act.

WORLD WAR II

SERVICE RECOGNITION BONUS

STATE OF ILLINOIS - AUDITOR OF PUBLIC ACCOUNTS

CLAIM NUMBER

STATEMENT OF

NOV 35 '49 12

Signed

Veteran or Beneficiary

PRIOR ENDORSEMENT REQUIRED

Serial Number 0297419

RESERVED more than sixty days between September 16, 1940 and September 3, 1945. I further certify that while serving in the Military or Naval Service of the United States I did not work as a civilian at civilian pay, and that I did not receive from another State a bonus or compensation of a like nature as provided in the Illinois World War II Compensation Act. I further certify that I am legally entitled to payment as evidenced by this voucher, and in accordance with the Illinois World War II Compensation Act.

CLAIM NUMBER

STATEMENT OF

NOV 35 '49 12

Signed

Veteran or Beneficiary

PRIOR ENDORSEMENT REQUIRED

Serial Number 0297419

Illinois Service Recognition Board
218 West Monroe St.
Chicago, Ill.

841208

VERIFICATION FILE COPY

Name BROUK, ROBERT RALPH	Claim number 708638	Checked by	Name if claim filed by other BROUK, EMILY M.
Present address Mother	Service serial no. ██████████	Date checked	Address 2120 S. 59th St.
City and State	County Cook	Examined by	City and State Cicero, Ill.
Address when entered service	ACK'D Date	Examined by	Relationship of claimant Mother
City and State	Date serv. Started	Verif. req'd Date	Reason filed
Army <input checked="" type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date separated	Verif. checked by	Verification sent to
Enlisted man <input type="checkbox"/> Officer <input checked="" type="checkbox"/>	Type of separation Death	Verified Date	Address
Entered service at Chgo.	Where separated		
Type of proof of service WD-Teleg. 0	Draft Board City Date certified		13
Domestic serv. claimed Mo. Days	Foreign serv. claimed Mo. Days	Draft Bd. No.	Amount certified 16 2-1-1-A

**SRB Form V-2
COMPUTATION**

<u>TOTAL</u>			<u>FOREIGN</u>			<u>Year</u>
<u>Year</u>	<u>Months</u>	<u>Days</u>	<u>Months</u>	<u>Days</u>		
1940			:			1940
1941			:			1941
1942			:			1942
1943			:			1943
1944			:			1944
1945			:			1945

Lost time.....
Total - less
lost time....

COMPUTED BY: Comd
EXTENDED BY: _____
REVIEWED BY: _____

	<u>Months</u>	<u>Amount</u>	<u>Days</u>	<u>Amount</u>
Total creditable service.....				
Foreign service.....				
Domestic service.....				

Total amount due foreign service _____
Total amount due domestic service _____
Total amount due \$900

Amz

VERIFICATION SECTION
Check Sheet

Claim C _____

Screening Review

- | | | | | |
|--|-----|-----|-----|-----|
| 1. Does the name, address, and claim number on the application agree with Verification File Copy and Master File Card?..... | Yes | No | Yes | No |
| 2. Is application typewritten or in ink and in proper folder?..... | Yes | No | Yes | No |
| 3. Are all applicable questions answered, including questions 21, 23, 25, and 28?..... | Yes | No | Yes | No |
| 4. Is application legible, properly signed, and is the notation complete?..... | Yes | No | Yes | No |
| 5. Are necessary photostatic copies of discharge and separation papers in folder and are they proper size? Yes | Yes | No | Yes | No |
| 6. Does the name on discharge and application agree and do the signatures agree?..... | Yes | No | Yes | No |
| 7. Does the application and discharge reflect applicant's residence in Illinois at the time of entry into active service?..... | Yes | No | Yes | No |
| 8. Does discharge reflect honorable service within the bonus period?..... | Yes | No | Yes | No |
| 9. Does discharge, separation papers, or supporting affidavits clearly establish domestic and foreign service dates?..... | Yes | No | Yes | No |
| 10. Is applicant a qualified applicant?..... | Yes | No | Yes | No |
| 11. Time lost (Bad time)..... | No | Yes | No | Yes |

12. Remarks: _____

DateInitial

To Correspondence.....

To Questionable Claims...

To Suspense.....

MOTHER (Serviceman married; Spouse
remarried; no children)

AFFIDAVIT

STATE OF Illinois
COUNTY OF Cook } SSCLAIM NUMBER 708638 DKAnton Jermian, being first duly sworn on oath, deposes and says:
(Name of Affiant)1. That (s)he is a resident of the City of Everett, County of Cook
and State of Illinois, residing at 1818 So. 59th St. Everett, Ill.
in said City, County and State. (Address)2. That (s)he is acquainted with Mrs. Emily Bronk whom (s)he has
(Name of claimant)
known for more than 15 years last past; that said Mrs. Emily Bronk
(Name of claimant)
is the Mother of one Robert R. Bronk, deceased, who was
(Name of serviceman or woman)
in the Armed Forces of the United States subsequent to the 16th day of
September, 1940.3. That said Robert R. Bronk, was lawfully married to
(Name of deceased)
one Virginia Scharer, at Oak Park, Ill. on the 22
(Name of Spouse) (Place of marriage)
day of November, A.D. 1942; that there were no children born as a
result of said marriage; that the same Virginia Scharer has
(Name of Spouse)
✓ remarried, being married to one Harvey J. Davis,
(Name of present Husband or Wife)
and is now living at Chicago, Illinois
(Address) (City)4. That this affiant knew the said Robert R. Bronk for more
(Name of Deceased)
than 10 years prior to (his)(her) death; that at the time of (his)(her)entry into service (s)he had resided in Illinois for 21 years, living at
2120 So. 59th St. Everett, Cook for 10 years
(Address) (City) (County)
and at 3839 S. Loomis Road, Everett, Cook, Ill.
(Address) (City) (County)
for 7 years, and at 2220 So. 59th Ave, Everett, Cook
(Address) (City) (County)
Cook for 4 years; that at the time of (his)(her) entry into
(County)
service (s)he (attended school at) Universal Oak Co. located
(was employed by) (Name)
at Everett, Ill.
(Address) (City) (State)Anton Jermian
(Signature of Affiant)

SUBSCRIBED AND SWORN to before me

this 15th day of July, A.D. 1948.Robert J. Hrubecsky
NOTARY PUBLIC

My Commission expires

May 15, 1949

MOTHER (Serviceman married; Spouse
remarried; No Children)

AFFIDAVIT

STATE OF Ill }
COUNTY OF Cook } SSCLAIM NUMBER 708638 BTHLouis J. Sindelar, being first duly sworn on oath deposes and says:
Name of Affiant
(he)1. That ~~(she)~~ is a resident of the City of Berwyn, County of Cook
and State of Illinois, residing at 1821 Cuyler Ave
Addressin said City, County and State.
(he)2. That ~~(she)~~ is acquainted with Robert R. Bronk, whom ~~(she)~~ has
Name of Claimant (he)known for more than 15 years last past; that said Mrs Emily Bronk
Name of Claimantis the Mother of one Robert R. Bronk, deceased, who was
Name of Service Man or Woman

in the Armed Forces of the United States subsequent to the 16th day of

September, 1940.

3. That said Robert R. Bronk, was lawfully married to one
Name of DeceasedVirginia Schares, at Cook Park Ill on the 22
Name of Wife Place of Marriageday of November A.D., 1942; that there were no children born as aresult of said marriage; that the said Virginia Schares, has
Name of Spouseremarried, being married to one Harvey E. Davis, and
Name of Present Husband or Wifeis now living at Chicago Ill
Address CityCook, Ill.
County State4. That this affiant knew the said Robert R. Bronk for more
(his) Name of Deceased (his)than 15 years prior to ~~(her)~~ death; that at the time of ~~(her)~~ entry into
(he)service ~~(she)~~ had resided in Illinois for 21 years, living at 2130 So
Address59th St., Chicago, Cook, for 10 years, and at
City County5939 W Cermak Rd, Chicago, Cook Ill
Address City Countyfor 7 years, and at 2220 So 59th Ave Chicago Cook
Address City Countyfor 4 years; that at the time of (his) entry into the service,
(he)(he) ~~(attended school at)~~ Universal Oil Co located at
(was employed by) NameRemond Ill.
Address City StateLouis J. Sindelar
Signature of Affiant

SUBSCRIBED AND SWORN to before me

this 26th day of July, 1948

NOTARY PUBLIC

My Commission expires 1950

#708638

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

IN REPLY
REFER TO

OFFICIAL STATEMENT of the MILITARY SERVICE and DEATH
of

ROBERT R. BROUK
Captain, Air Corps

The records show that Robert R. Brouk, Army serial number [REDACTED], was enlisted in the military service 20 December 1939, at which time he gave his home address as 2120 South 59th Court, Cicero, Illinois. Flying Cadet Brouk was honorably discharged 30 August 1940 to accept a commission. He was appointed second lieutenant, Air Corps Reserve, 30 August 1940; assigned serial number [REDACTED]; accepted the same day, and reported for active duty 31 August 1940. He was relieved from active duty 10 June 1941, and his resignation from his commission was accepted 14 June 1941. He was appointed second lieutenant, Air Corps Reserve, 5 September 1942; assigned serial number [REDACTED]; accepted 11 September 1942, and reported for active duty 21 September 1942. Captain Brouk was killed 19 December 1942 near Kissimmee Air Base, Kissimmee, Florida, in a mid-air collision of aircraft, while serving with the 10th Fighter Squadron, 50th Fighter Group (Sp). Death occurred in line of duty and was not the result of his own misconduct. No record has been found to show he had overseas service during the above periods of military service .

This official statement furnished 4 May 1948 to the Service Recognition Board, 218 West Monroe Street, Chicago 6, Illinois, in connection with Claim No. C 708638 B-11.

BY AUTHORITY OF THE SECRETARY OF THE ARMY:

Countersigned

J. H. Stalgren
Adjutant General

EDWARD F. WITSELL
Major General
The Adjutant General

State Board of Health
Bureau of Vital StatisticsCERTIFICATE OF DEATH
FLORIDAState File No. _____
Registrar's No. 721-S

1. PLACE OF DEATH:

(a) County Osceola District No. -
 (b) Precinct (Write name, not number) _____ Precinct No. _____
 (c) City or Town Kissimmee City or Town No. -
 (d) Name of hospital or institution _____
 (If not in hospital or institution, write street number or location)
 (e) Length of stay: In hospital or institution _____
 At place of death 2 months
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County Orange
 (c) City or Town Orlando
 (If outside city or town limits, write RURAL)
 (d) Street No. 1200 N. Foley Ave.
 (If rural, give location)
 (e) Citizen of Foreign country? no
 yes or no
 If yes, name country -

3. FULL NAME OF DECEASED

BROOK, ROBERT R.

3 (a) If veteran, _____ 3 (b) Social Security
 Name War _____ No. -

4. Sex Male 5. Color or race White6. Single, married, widowed or divorced married

6 (a) If married, widowed or divorced, husband of (or)

wife of Mrs. Virginia Sclerar Brook6 (b) Age of husband or wife, if alive - years7. Birth date of deceased Sept. 2 1917
(month) (day) (year)

8. Age: Years	Months	Days	If less than one day
<u>25</u>	<u>3</u>	<u>17</u>	hrs. _____ min. _____

9. Birthplace Oak Park Illinois
(City, town or county) (State or foreign country)10. Usual occupation Pilot11. Industry or business U. S. Army12. Name Mr. Peter R. Brook13. Birthplace Unknown14. Maiden name Mrs. Emily Brook15. Birthplace Unknown16. Informant's Signature Sgt. James L. Burroughs16 (a) Address Orlando Air Base, Fla.17. Burial, cremation or removal? Removal17 (a) Date Dec. 20/42 17 (b) Place Picero, Ill.18. Funeral Director's Signature H. W. Pittman18 (a) Address Orlando, Fla.19. Filed 12/30/1942 Ed McDowell

Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month Dec. Day 19
Year 1942 hour 12 noon Minute - M.21. I hereby certify that I attended the deceased from on Dec. 19 1942 To 19 1942
that I last saw him alive on Dec. 19 1942

and that death occurred on the date and hour stated above.

Immediate cause of death

Multiple, mutilating injuriesDue to Airplane Crash

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

of operations _____

(Give date of operation)

of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) accident(b) Date of occurrence Dec. 19, 1942(c) Where did injury occur? Kissimmee, Osceola, Fla.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)While at work? yes (e) Means of injury Airplane23. Signature Lester Shapiro, Cap. M. D.(a) Address O.A.R., Fla. Date Signed 12/19/42

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

A. N. WILLIAMS
PRESIDENT

NEWCOMB CARLTON
CHAIRMAN OF THE BOARD

J. C. WILLEVER
FIRST VICE-PRESIDENT

SYMBOLS

DL=Day Letter
NT=Overnight Telegram
LC=Deferred Cable
NLT=Cable Night Letter
Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

C79 TWS PD 3 GOVT=ORLANDO AIRBASE FLO 19 258P

PETER F BROUK=

2120 SOUTH 59 CT YO=

1942 DEC 19 PM 2 34

IT IS WITH DEEPEST REGRET AND SYMPATHY THAT I INFORM YOU OF THE DEATH OF YOUR SON ROBERT IN AN AIRCRAFT ACCIDENT NEAR ORLANDO FLORIDA NOON TODAY PERIOD CAPTAIN ROBERT R BROUK WAS HIGHLY REGARDED IN HIS ORGANIZATION AND ALL OFFICERS AND ENLISTED PERSONNEL EXTEND THEIR SINCERE SYMPATHY STOP= BENNETT ORLANDO AIR BASE.

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

WAR DEPARTMENT
OFFICE OF THE CHIEF OF STAFF
WASHINGTON

December 31, 1942.

Mr. Peter F. Brouk,
2120 South 59th Court,
Cicero, Illinois.

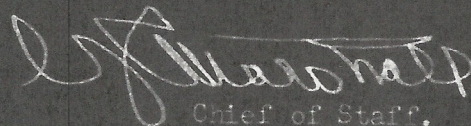
My dear Mr. Brouk:

My deepest personal sympathy goes to you
in this time of sadness in your home.

There are few words which would be helpful
in your sorrow, but I hope you may find consolation in
the knowledge that your son, Robert R. Brouk, has made
the great sacrifice in order that Americans may continue
to live as a free people under a government of their
own choosing. He died while serving as a soldier of his
country. More cannot be said in honor of his memory.

Again, with deepest sympathy,

Faithfully yours,


Chief of Staff.

CERTIFIED COPY OF A RECORD OF BIRTH.

I HEREBY CERTIFY that the attached is a true and correct copy of the record

of birth of Robert Ralph Brunk
as made from the original certificate of such birth now on file in this office in accordance
with the law requiring reports of births, stillbirths and deaths in Illinois.

Signed G. P. Rand, M.D.
Official title Registrar
Address Municipal Bldg., Oak Park, Ill.

Date June 27, 1947, 19

Form V. S. No. 30-A

(77186-10M-1-45)



1. PLACE OF BIRTH		Registration Dist. No. <u>4318</u>	
County of <u>Cook</u>		Primary Dist. No. <u>4318</u>	
City of <u>Oak Park</u>		Ward <u>West Suburban</u>	
*Cancel the lines, signs not applicable -Do not enter "R. K.", "R. F. D.", or other P. O. address.		Hospital (If birth occurred in hospital or institution, give its name instead of street and number, make supplemental report, as directed.)	
Street and Number, No. <u>St.</u>		Registered No. <u>497</u> (Consecutive No.)	
2. FULL NAME OF CHILD <u>Robert Ralph Brunk</u>			
3. Sex of Child <u>Male</u>	4. Twin, Triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Legitimate? <u>Yes</u>
FATHER		MOTHER	
8. Full Name <u>Peter Francis Brunk</u>	14. Full Maiden Name <u>Emily Novak</u>		
9. Residence <u>506 Cuyler Avenue Chicago, Illinois</u>	15. Residence <u>5306 Cuyler Avenue Chicago, Illinois</u>		
10. Color <u>White</u>	16. Color <u>White</u>		
11. Age at last birthday <u>28</u> years	17. Age at last birthday <u>27</u> years		
12. Birthplace (City or Place) (Name State, if in U. S.) (Name Country, if Foreign) <u>Bohemia</u>	18. Birthplace (City or Place) (Name State, if in U. S.) (Name Country, if Foreign) <u>Illinois</u>		
13. Occupation (Nature of Industry) <u>Sign Painter</u>	19. Occupation (Nature of Industry) <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child) herein certified and including this child.	(a) Born alive and now living	(b) Born alive but now dead	(c) Stillborn
What treatment was given child's eyes at birth? <u>Predecal</u>			
21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was BORN ALIVE at <u>M.</u> , on the date above stated. *Where there is no attending physician or midwife, then the father, mother, or householder, etc., shall make this return See Sec. 12, vital statistics law.			
22. (Signature) <u>E. H. M. Griffiths</u> (Physician or Midwife)		Telephone <u>19 17</u>	
Address <u>24. Filed <u>Sept. 11, 1947</u></u>		Date Certificate Signed <u>September 2, 1947</u>	
Post Office Address <u>Oak Park, Illinois</u>		Registrar <u>C. A. Buck, M.D.</u>	

#708638-VET.

MICHAEL J. FLYNN
COUNTY CLERK
BUREAU OF VITAL STATISTICS—160 NORTH LA SALLE ST.
CHICAGO 2, ILLINOIS

#708638

VET

Form 44A

Warning: This License Void 30 Days After Issuance

No. 1754968

STATE OF ILLINOIS }
COUNTY OF COOK } s.s.

MARRIAGE LICENSE

Returned and Filed—Date DEC 9 - 1942

To Any Person Legally Authorized to Solemnize Marriage

GREETINGS

Marriage may be Celebrated, in the County of Cook and State of Illinois, between
Mr. Robert Ralph Brown of Cicero in the County of Cook
and State of Ill of the age of 25 years, and Mrs. Virginia Schaner
of Chicago in the County of Cook and State of Ill of the age of 20 years.

Witness, MICHAEL J. FLYNN, County Clerk of the County of Cook and the Seal thereof,
at my office in Chicago, this 24th day of November, A. D. 1942

Michael J. Flynn
County Clerk

The Person who solemnizes Marriage is cautioned against making any changes in this license

STATE OF ILLINOIS }
COUNTY OF COOK } s.s.

I, *Albert P. Bae* Minister
(Name of Person Officiating)
hereby certify that Mr. *Robert Ralph Brown* and Mrs. *Virginia Schaner*
were united in Marriage by me at *Oak Park* in the County of Cook and State of Illinois, on
the 28 day of November, 1942

(The Names in this certificate must be identical with Names in above License)

Address *Oak Park Illinois*

N.B.—This license, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

STATE OF ILLINOIS }
County of Cook, } s.s.

I, MICHAEL J. FLYNN, County Clerk of the County of Cook, in the State aforesaid, and
Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct
copy of the original Record on file, all of which appears from the records and files in my office

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the Seal of the County of Cook, at my office in the City of Chicago,
in said County.

Michael J. Flynn
County Clerk.

MICHAEL J. FLYNN
COUNTY CLERK
BUREAU OF VITAL STATISTICS—150 NORTH LA SALLE ST.
CHICAGO 2, ILLINOIS

#708638

WIDOW'S
REMAR.

Form 44

Warning: This License Void 30 Days After Issuance

1878718

STATE OF ILLINOIS }
COUNTY OF COOK } s.s.

MARRIAGE LICENSE

No. _____
Returned and DEC 12 1945
Filed—Date _____

To Any Person Legally Authorized to Solemnize Marriage

GREETINGS

Marriage may be Celebrated, in the County of Cook and State of Illinois, between
Mr. Harvey E. Davis of Chicago, in the County of Cook and State of Illinois,
of the age of 27 years, and Mrs. Virginia S. Brook of Chicago,
in the County of Cook and State of Illinois, of the age of 23 years.

Witness, MICHAEL J. FLYNN, County Clerk of the County of Cook and the Seal thereof,
at my office in Chicago, this 5th day of December, A. D. 1945

Michael Flynn County Clerk

The Person who solemnizes Marriage is cautioned against making any changes in this license

STATE OF ILLINOIS }
COUNTY OF COOK } s.s.

hereby certify that Mr.

I.

(Name of Person Officiating)

(Official Title)

were united in Marriage by me at

in the County of Cook and State of Illinois, on

the 5th day of December, 1945

(The Names in this certificate must be
identical with Names in above License)

Address

(Signature and Official Title)

N.B.—This license, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

STATE OF ILLINOIS, }
County of Cook, } ss.

I, MICHAEL J. FLYNN, County Clerk of the County of Cook, in the State aforesaid, and
Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct
copy of the original Record on file, all of which appears from the records and files in my office

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the Seal of the County of Cook, at my office in the City of Chicago,
in said County

Michael Flynn
County Clerk.