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ILLINOIS VETERANS' COMMISSION

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type) Winkofske, Frank			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate.)		
2. ENLISTMENT DATE (Month, Day, Year) August 16, 1917		3. DISCHARGE DATE (Month, Day, Year) July 10, 1919		12. EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN (Latin Cross) <input type="checkbox"/> HEBREW (Star of David) <input type="checkbox"/> NONE	
4. SERVICE NO. 132 824		5. PENSION OR VA CLAIM NO.		13. CHECK TYPE REQUIRED <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input type="checkbox"/> FLAT GRANITE MARKER <input checked="" type="checkbox"/> FLAT BRONZE MARKER	
6. STATE Ill		7. GRADE Private		8. MEDALS None	
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP Army Med Dept Evacuation Hospital #9			14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) St Mary's Cemetery 87th + Hamlin, Cologwood		
10. DATE OF BIRTH (Month, Day, Year) December 22, 1899			11. DATE OF DEATH (Month, Day, Year) September 15, 1959		
15. FREIGHT STATION Chicago			16. NAME AND LOCATION OF CEMETERY (City and State) St Mary's 87th + Hamlin, Cologwood Pk, Ill.		
17. THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY. SIGNATURE J. O. Schaefer DATE					
DO NOT WRITE HERE			18. NAME AND ADDRESS OF APPLICANT (Print or type) Mrs. Jane Becker, 3839 W. Adams St, Chicago 24, Ill.		
RECEIVED DEC 15 1959			19. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldiers of Union and Confederate Armies of the Civil War. I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.		
B/L 6209 JAN 6 - 1960			SIGNATURE OF APPLICANT Mrs. Jane Becker DATE 9/17/59		
ORDERED JAS. H. MATHEWS CO, PITTSBURGH, PA, 260					

DA FORM 1815 EDITION OF 1 AUG 56, IS OBSOLETE. IMPORTANT—Reverse Side Must Be Completed. 16-11463-11 GPO