### UNITED STATES POST OFFICE

Shipman, Illineis January 21, 1961

Custodian Old Soldier's and Sailor's Cemetary of Management of Charles Simmermaker is buried in your cemetary.

Would you please get his middle name, date of birth, and date of death?

He is a brother to my great-grandfather and one of the four brothers to come to this country from Germany, so I would appreciate any help you can be to me.

Sincerely,

Cymn Minmermaker

Lynn Simmermaker

January 2h, 1961

lynn Simmermaker Shipman, Illinois

Dear Sir:

Replying to your letter, we have no record of a Charles Simmermaker being buried in our cemetery nor do we <u>wave a record</u> of any member by that neme.

We did, however, have a member by the name of Leonard Simmermaker who was born in Germany, September 21, 1830 and died here at the Home December 14, 1913.

He entered service on May 12, 1864 at Springfield, Illinois and was discharged September 24, 1864 at Springfield. He was a Pvt. Co. G. 133rd Reg. of the Illinois Inf.

He was admitted to the Home on June 25, 1911 from Plainview, Illinois. According to his Member's Record, he had one brother Daniel living at Plainview and another brother Phillip at Bunker Hill, Illinois.

This is the only information we can give you.

Yours truly,

Claude J. Kent Superintendent

By: D.F.H. Steinbeck Adjutant

DMS:rh

25M 4-15-10		For	м 526		STANDARD R. P.
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To the Adjutant			Q	uincy, Ill., 10	<u> </u>
To the Adjutant.	eonandx	Simm.	ermo	Ken Coly 18	ONC 14 191 \$ 8 Ill Inf Regt.
died in Hospital at /,	25 Q M., aged	- 93 1 8 4	years		/
Names and address	of Relatives and	Friends			
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Reg. No. 9 4 9 8		16	X) /	Barnes	Hospital Steward.

Hospital	Illinois Soldiers and Sailors Home.
	Quincy, III., 12-14 1913
TO THE ADJUTANT:	aken
This is to Cert	
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died in Hospel	. Cause of Death Valvulas heart die
agy 84	PH. Jawto
	Surgeon.

Form 68.	Agent selling Original Tick	et will Stamp this in Space	SELLING AGENT
THE	CHICAGO & ALTON RA	AILROAD COMPA	NY.   COM
RECEIF	T FOR FARE PAID. CERTIFICATE OF STA	NDARD FORM, JOINT AGENCY RU	LE. //
	Agents will give receipt on this blank for tickets	purchased, whenever requested.	
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gency Kule; and the l	an organization in connection herewith. It is Voi	charge as to membership or otherwise d if altered or if not filled in, signed	Hoff Kareton
d stamped by agent of	f The Chicago & Alton Railroad Co.		General Passenger Agent

Complete Route must be filled in Clearly when Tickets read over Connecting Lines.

## HEADQUARTERS

# Illinois Soldiers' and Sailors' Home

		QUINCY, IL	LIN	OIS		
0	0	1	Pla	mrile	Noll In	me 3. 190/
250	marel Simm	essoucher, (0) of the	town of	Ola	mo Her	in the
Count	wot Macoulin	and State of		,	Commence of the Commence of th	of the United States
of An	of America, in the war against (1), respectfully asks that he be admitted as a member of said Home.  To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he de-					
ofx	and states the facts to be that  ight complexio  in the	he is nowyears old;	that he is delika man 10 enro	and fee	hair; that he wa on the	s born in the town of day in the
discha	arged from the service of the U	inited States. That the following	owing is	a true stat	ement of the time	e_ and place_ of his
enroll	ment and discharge from sa of namely:	id service, and that the cause	of his dis	scharge,	and of his rank at	the respective date
No.	When and where Enrolled,	When and where Discharged.	Rank.	Compan	y and Regiment.	Cause of Discharge.
1st. (	Smay 12 1864	Shap 24/1864	Revale	- Co. G	Regt. / 3 3	Corporation Times
2nd.	Jan Jan			Co.	Regt.	1
3rd.	0.1	(K)		Co.	Regt.	
T no me	le theday hat he owns property, real and cans of self-support other than t	personal of the value of he above named; that his trad	e or occu	pation is tl	nat of a Lak	no more; that he has
Т	hat he has (4)	hat he has To children	now livin	g; ages, re	spectfully, (5)	
That he has (4) wife; that he has the children now living; ages, respectfully, (5)  years. That his postoffice address is flow melling, State of Illinois; that his nearest railway station is lawy in machine. County, in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is of that it is case of his death, he desires all his personal effects to be sent to hampel.						
Simmermaker, at Planwiew Country of Maconfun, State of Allemons						
That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting						
the (6)						
years, or has served in an Illinois organization.  That he is so far disabled by (7) - Living City						
		i		· · · · ·	***************************************	
	The image able of agreeing his me	nn. Iinimu.		*		
That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that the has at all times, heretofore, supported and adhered to the government of the United States of America, and that the has at all times, heretofore, supported and adhered to the government of the United States of America, and that						
and co	hat if he shall be admitted to onform to the rules and regula and that he will cheerfully do him; and that he will promptly,	be a member of the said Horticons made, or that shall her and perform any and all thing and willingly, obey all lawfu	ne, he wi reafter be s that sh l orders th	II, in all the made, for all be requestate that he shall	the government ired of him by the l receive from any	and discipline of the see there in authority officer of the Home,
In	g as he shall remain a member Testimony Whereof, he has se	this hand this N. M. C.	(8) S	cene	cer for	monnado

STATE OF ILLINOIS
County of Magrafine Sss I, Stoffayera ft, a (10) Justice of Peace
of the town of Thelyaud, in and for said County, do hereby certify that the above named applicant, to me
personally and well knows to be the identical person he represents himself to be, this day personally appeared before me.
and that I then and there, at his request, plainly read to him his application aforesaid, which he then and there fully under-
stood, and that he was, by me, thereupon duly sworn, and then and there deposed and said that he was the applicant above
named, and that he was fully acquainted with matters and things stated and set forth in his said application, and that the
same and each of them were true in substance and in fact as he had therein stated.
(11) Leone of Simm maker
Affiant.
Subscribed and sworn to before me, this. 3 day of June, A. D. 198/
Witness my hand and official seal.
1/2/1/2011
[L. S.] S. a. stay eraf. (12) frale of Peace
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known Lonald Simmermoken
the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the statements con-
tained in his foregoing application are entirely true, and especially that as to the time of his residence in Illinois, or service in an
Illinois organization. And I further state that he has no known mental disorder; and that he requires no special attendant:
and that he can properly be allowed to go at large; and that he can safely be quartered with feeble and helpless men.
la H
Witness my hand, (13) W. Hay craft
the state of the s
(14) - gent Stratt of I see!
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named applicant. I loonard. Im-
Meson a Ken, as to his disability, and I now find that he has (15) In firmulies
of see nae
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, or dis-
coverable mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he
can safely be quartered with men who are old and feeble.
St. J. Dra hue, M. D.
Subscribed and sworn to before me, this
certify that I am personally acquainted with said affiant II Q do That here, and that
I know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the com-
munity and among his fellow physicians where he lives.
C. M. May Craff (16) grance of Proce
CERTIFICATE OF A SOLDIERS' HOME SURGEON.
+
I hereby certify upon honor that I carefully and critically examined Oct broad Simulation
the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, ont
the 20th day of fine , foll; and that I found him to be of sound mind, approbe
ing capable of earning his living by reason of his physical disability arising from (17). In the Suyumine
Novema a Orterioschervaes Enterilety.
, and one of the control of the cont
assign 22 Witness my hand D. M. Sandan.  Home Hospital Surgeon.

State of Illinois )

SS.

County of Adams )

Received of John E. Andrew, Superintendent of the Illinois Soldiers & sailors Home the sum of Five Hundred and Five 00/100ths Dollars, being the amount of funds in the Illinois Soldiers & Sailors Home, Quincy, Illinois to the credit of Leonard Simmermaker, he having died December 14th, 1913 in said institution.

Daniel Simmermaker

admir Est, of Leonard Simmermaker D.C. Dec

STATE OF ILLIN GOUNTY OF ADAM	<b>s</b> .	
In the matter of the second of	he relationship of Leonar, being	d Timmermaker first duly sworn according to law,
deposes and says that he form	erly resided at Plain v	iew Ell,
that he is married, the	hat his wife,	
	tions only, of affiant who would be h	
at this time, are as follows, to-		is news in the event of his death,
NAMES.	RELATIONSHIP.	RESIDENCE.
Philip Simmermaker	Brother	Bunker Kiel Ill
	~	
	- wise -	
•	<u></u>	
And further affiant saith	not. Lion ar	Jimmumaku
Subscribed and sworn to b	pefore me, this 20 d	ay of June

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Leonard Simmermaker

G Regr. Reg. No. 9493 Co.

133 III. Inf State

REMARKS RELATIONSHIP Plainview, Ill P. O. ADDRESS PERSON TO BE NOTIFIED IN CASE OF DEATH. Daniel Stonermaker, BAKER-VAWTER CO. MANUFACTURERS CHICAGO-HOLYOKE 12 日08 Cot No. YEAR MONTH DAY CV Q

COTTAGE INVENTORY

Received the above described personal effects of Lynnary Manual en

Sergeant, Cottage No. //

Registry No. 9 4 9 3 6 & Barned

Hospital Steward

HOSPITAL RECORD

# HOSPITAL INVENTORY

1 overcoat, 1 cap, balance of effects destroyed

by moths.

Received The payer

personal		Hospital Steward
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I hereby certify that the above is a true and correct inventory of the personal	eceased.	
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above	Leonard Stamermaker	9
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22 22 42	eona.	
certify	· A	
hereby	Jo	ved:
_	effects of	Approved

Adjutant

## LETTERS OF ADMINISTRATION.

STATE OF ILLING Macoupin County	155.
The People of the State of I	llinois, to all whom these presents shall comeGREETING:
Know ye That, whereas	Leonard Simmermaker
fourteer	oin and State of Illinois, died intestate, as it it said, on or about the
having at the time of h	decease, personal property in this State, which may be lost, destroyed. or
diminished in value, if speed	y care be not taken of the same.
To the End, Thereo	f. That the said property may be collected and preserved for those who appear
to have a legal right or inter	Est therein, we do hereby appoint
of the County of Macoupin ar	nd State of Illinois, Administrat. T. of all and singular goods and
	eoward Simmermaker
at the time of harm.decease	; with full power and authority to secure and collect the said property and
	nay be found in this State, and in general to do and preform all other acts
which now are or hereafter m	ay be required ofby law.
	Witness, W. C. SEEHAUSEN, Clerk of the County Court in and for said County of Macoupin at his office in Carlinville, this
Ex P	day of December A. D. 1913, and the Probate
(Leg)	seal of said Court hereto affixed.  91. C. Seehauseu
	Clerk of the County Court.
	I, W. C. SEEHAUSEN, Clerk of said County Court, do certify that the foregoing are full and true copies of the original Letters of Admininistration in my office remaining.
	Given under my hand and the seal of said Court this
	19th day of December A.D. 19/3

Clerk.