

CERTIFICATE OF DEATH

ORIGINAL

State File No.

1. PLACE OF DEATH: County of Cook Illinois Registration 3104 C240 STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH Division of Vital Statistics and Records
 City, Township, Village, Road Dist. Chicago Dist. No. 3104 39 Registered No.: 8252

Street and Number 2537 Prarie Ave Mercy Hospital
 LENGTH OF STAY: In Hospital or Institution Yrs. 1 Mos. 28 Days: In Community where death occurred 25 Yrs. Mos. Days.

2. PLACE OF State Illinois County Cook Township, Road Dist. Greenwood Ave
 RESIDENCE City or Village Chicago Street and No. 4313 Greenwood Ave

3.(a) FULL NAME Chalmer Cissell 19. Int. List Number 4221-2865 93D

3.(b) If Veteran, name war World War I 3.(c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6.(a) SINGLE MARRIED
WIDOWED, DIVORCED

6.(b) Name of husband or wife Bernice Cissell

6.(c) Age of husband or wife (If alive) deceased years

7. BIRTHDATE OF DECEASED Month January Day 3 Year 1904

8. AGE OF DECEASED Years 45 Months 2 Days 12 If less than one day (Hrs.) (Min.)

8. BIRTHPLACE OF DECEASED City or County Perryville State or foreign country Missouri

10. USUAL OCCUPATION (Kind of job) Baseball Player

11. INDUSTRY OR BUSINESS Chgo. White Sox.

12. Name Max Cissell
 13. Birthplace Perryville, Missouri

14. Maiden Name Ida Gorman
 15. Birthplace Perryville, Missouri

16. INFORMANT Mercy Hospital Records
2537 Prarie Ave
 P. O. Address D. Branch Rn

17. PLACE OF BURIAL LOCAL
 (a) Cemetery LOCAL
 Location Perryville
 County Perry State Missouri

(b) DATE: March 19 19 49

18. FUNERAL DIRECTOR'S
 Signature Thomas J. Ahern
 Address 3246 W. Jackson Blvd.
 License Number # 33
 Firm Name Thomas J. Ahern Funeral Home

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month MARCH Day 15 year 1949 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from 17 JANUARY, 1949, to 15 MARCH, 1949; that I last saw him alive on 14 MARCH, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL DEGENERATION
SECONDARY TO ARTERIO-SCLEROSIS, GENERAL 4-5MM.

Associated diseases Acute left heart failure 4-5MM
Malnutrition - severe 4-5MM
AVITAMINOSIS - SEVERE 4-5MM

Other conditions (Include pregnancy within 3 months of death)

22. Was an operation performed? NO Date of —
 For what disease or injury? —

Was there an autopsy? NO
 Findings? —

23. If a communicable disease; where contracted? —
 Was disease in any way related to occupation of deceased? NO
 If so, specify how: —

24. (Signed) Anthony Chagas M. D.
 Address Salvador Hospital Chicago
 Date 15 March, 19 49 Telephone VIc 2-4700

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coronor's Act.

25. FILED
 (Signed) Norman R. Sunderman Registrar.
 P. O. Address 1949 MAR 17 PM 12 24 Illinois.