

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 17066
(Consecutive No.)

1. PLACE OF DEATH	Registration
County of <u>COOK</u>	Dist. No. <u>300</u>
<u>Chicago</u>	*Township *Road Dist. *Village *City Primary Dist. No.
*Can. el the three terms not applicable —Do not enter "R. R.," "R. F. D.," or other P. O. address.	
Street and Number, No. <u>45 West 111th</u>	St. <u>9th</u> Ward, <u>ROSELAND COMMUNITY</u> Hospital.

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Max (Fiske) Fifelski

(a) Residence No. 18 E. 111th Place St. _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Married
(Write the word)

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Fifelski

6. DATE OF BIRTH October 7, 1886
(Month) (Day) (Year)

7. AGE Years 41 Months 7 Days 18 If LESS than 1 day _____ hrs. OR _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Milkman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer BOUMAN DAIRY CO.

9. BIRTHPLACE (city or town) Chicago
(State or Country) Illinois

10. NAME OF FATHER Andrew Fifelski

11. BIRTHPLACE OF FATHER Unknown
(City or Town)
(State or Country) Germany

12. MAIDEN NAME OF MOTHER Tekla Cichy

13. BIRTHPLACE OF MOTHER Unknown
(City or Town)
(State or Country) Germany

14. INFORMANT Ruth S. Cullerton
(personal signature with pen and ink)
P. O. Address 45 W. 111th Street

15. Filled 20 P.M. 7 43
P. O. Address 1107 Tecumseh St.
Regist. No. _____ Ill.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, year) May 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1928 to May 25, 1928
that I last saw him alive on May 25, 1928
and that death occurred, on the date above, at 6:55 A.M.
The CAUSE OF DEATH was as follows:
Lobar pneumonia

18. (Duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) none

18. (Duration) yrs. mos. ds.
18. [Where was disease contracted, if not at place of death?]
Chicago

Was an operation performed? no Date of _____

For what disease or injury? _____

Was there an autopsy? no

What test confirmed diagnosis? Chemical

(Signed) Charles E. Johnson M. D.
Address 45 W. 111th Street
Date May 25, 1928 Telephone Dull 7850

*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, Coroner's Act.

19. PLACE OF BURIAL, Cremation or Removal Cemetery Mary Sepulchre 21. DATE May 28, 1928

Location of North
(Township, Road Dist., Village or City)

County Cook State Illinois

20. UNDERTAKER M. M. Cooney ADDRESS 11511 So. Michigan Ave
(personal signature with pen and ink) Pullman 0372

(firm name, if any)

K711as decedent ever served in military or naval service of U. S. F.

PARENTS

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