

6337
LOCAL FILE NUMBER

STATE OF MICHIGAN
CERTIFICATE OF DEATH

Michigan Department of Public Health

STATE FILE NUMBER 25751

1. NAME (LAST, FIRST, MIDDLE) Edward Victor Cicotte
2. SEX male
3. DATE OF DEATH (MONTH, DAY, YEAR) 5/5/69

4. RACE white
5a. AGE—LAST BIRTHDAY (YEARS) 84
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR) 6/19/84
7. COUNTY OF DEATH Wayne

8. LOCATION OF DEATH Detroit
9. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Henry Ford Hospital

11. CITIZEN OF WHAT COUNTRY U.S.A.
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Rose Freer (Deceased)

14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Baseball Player
15. KIND OF BUSINESS OR INDUSTRY Chicago White Sox

16. COUNTY WAYNE
17. CITY, TOWN, OR LOCATION LIVONIA
18. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES
19. STREET AND NUMBER 31540 W. Seven Mile Rd.

20. NAME (LAST, FIRST, MIDDLE) Ambrose Cicotte
21. MOTHER—MAIDEN NAME Archangel Droulliard

22. NAME (LAST, FIRST, MIDDLE) Miss Virginia Cicotte
23. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 31540 W. Seven Mile Rd., Livonia, Mich. 48152

24. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Carcinoma of bladder with metastases 5 yr.
(b) Pulmonary edema, bilateral 2 wk.
(c) Pneumonia right lung 2 days

26. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
27. AUTOPSY (YES OR NO) yes
28. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) yes

29. CODE HOMICIDE: DETERMINED (SPECIFY)
30. DATE OF INJURY (MONTH, DAY, YEAR) 4/23/69
31. HOUR 20c. M. 20d. 5/5/69
32. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 21c. 5/5/69 21d. did 21e. 9:25a M.

33. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
34. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.

35. MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
36. HOUR OF DEATH THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

37. NAME (TYPE OR PRINT) C. E. RUPE, M.D.
38. SIGNATURE (23b) [Signature]
39. DEGREE OR TITLE M.D.
40. DATE SIGNED (MONTH, DAY, YEAR) 5/6/69

41. ADDRESS—CERTIFIER Henry Ford Hospital
42. STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23c. 2799 West Grand Blvd. Detroit Mich. 48202

43. INFORMATION REMOVAL
44. BURIAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24b. PARKVIEW CEMETERY 24c. LIVONIA, MICHIGAN (WAYNE COUNTY)

45. MONTH, DAY, YEAR MAY 8 1969
46. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 48024
25a. HEENEY-SUNDOQUIST FUNERAL HOME, 23720 Farmington Rd., Farmington, Mich.

47. REGISTRAR—SIGNATURE [Signature] DATE RECEIVED BY LOCAL REGISTRAR MAY 7 1969