

ORIGINAL

#695

STATE OF ILLINOIS

STATE FILE
NUMBER

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER 81361
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE ILLINOIS	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF STAY IN 1c or 1d 64 YEARS		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.	
f. NAME OF HOSPITAL OR INSTITUTION		g. LENGTH OF STAY IN " "		e. LENGTH OF RESIDENCE AT 2c or 2d 64 YEARS	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 11405 SOUTH PARK AVENUE		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 11405 SOUTH PARK AVENUE		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST): OSCAR b. (MIDDLE): DONALD c. (LAST): MELILLO			4. DATE OF DEATH (MONTH) (DAY) (YEAR) NOVEMBER 14-1963		
5. SEX MALE	6. RACE WHITE	7. MARRIED NEVER MARRIED MARRIED	8. DATE OF BIRTH AUG. 4 - 1899	9. AGE (in years last birthday) 64	10. if under 1 year MONTHS DAYS
10a. USUAL OCCUPATION PLAYER COACH		10b. KIND OF BUSINESS OR INDUSTRY PRO BASEBALL		11. BIRTHPLACE (City and state or foreign country) CHICAGO, ILLINOIS	
13. FATHER'S FULL NAME JAMES MELILLO			14. MOTHER'S FULL MAIDEN NAME MARIA SCALDAFERRI		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 091-03-4930		17. INFORMANT a. SIGNATURE Donald C Melillo b. ADDRESS 11222 SO. NORMAL AVE c. RELATIONSHIP TO DECEASED SON	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C)) IMMEDIATE CAUSE (A) CORONARY OCCLUSION Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) CORONARY ARTERIOSCLEROSIS due to (C)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). PENETRATING DUODENAL ULCER					
19a. DATE OF OPERATION, IF ANY					
19b. MAJOR FINDINGS OF OPERATION					
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from JANUARY 19 59 to NOV. 14 19 63, that I last saw the deceased alive on NOV. 13 19 63, and death occurred at 2:00 A. M. from the causes and on the date stated above.					
Signature: <i>Reno Rosi</i> M.D.			License Number: 22292		Date: 11/14/63
Address: 2017 WEST 95th STREET, CHICAGO 28, ILLINOIS			Phone: HI 5-2444		
22. DISPOSITION: BURIAL CEMETERY: HOLY SEPULCHRE CEMETERY LOCATION: WORTH, ILLINOIS			23. FUNERAL DIRECTOR SIGNATURE: <i>Flurence Panozzo</i> ADDRESS: 300 EAST 115 ST. PANOZZO BROS. CHICAGO, ILL. License Number: 6220		
24. Received for filing on: NOV 15 1963 (Signed) <i>Samuel L. Ardelman, M.D.</i>					

1961 revision based on the U. S. Standard Certificate of Death.

VS & R 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH