

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

25494

H. D. 195 506 2-1909

DEPARTMENT OF HEALTH: CITY OF CHICAGO

15138
9473

REPORT OF DEATH IN

Cook County

HOSPITAL. *113*

13 days

1. Name of Deceased (in full) *Rudolph Kemmler*

2. Sex: *M* Color: *W* 3. Place of Birth: *Chicago* Father's Birthplace: *Not known* Mother's Birthplace: *Not known*

4. Age: *49* years — months — days. 5. Lived in Illinois *49* years, in Chicago

Years	Months	Days
<i>49</i>	<i>—</i>	<i>—</i>

6. Died on the *20th* day of *June* 190*9*, at about *8⁴⁵* a.m.

JUN 21 1909 *12*

7. Single, Married, Widowed, Divorced. Occupation: *laborer*

8. Place of Usual Residence *3847 State St*

See Instructions No. 8—to the Undertaker—on back of Report.

9. Place of Burial: *Graceland* 10. Undertaker: *P. J. Hursey*

Date of Burial *June 21* 190*9* Address: *509 W. Madison*

Hour *1* M. **PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.** Tel. *W 101*

I Certify That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Immediate and Determining *Organic heart disease, Chronic*

myocarditis

Contributing Cause or Complication *Arteriosclerosis*

79

DURATION OF ILLNESS.

Years	Months	Days	Hours

Witness my hand, This

day of *June* 190*9*

(Signature):

Thos. J. Gorman
Cook Co. Hospital

Address: