



## How A Failed Assassination Attempt on Franklin Delano Roosevelt Ended in the Death of Anton Cermak, Mayor of Chicago

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### Abstract

On February 15 1933, Franklin Delano Roosevelt was returning from a Florida fishing trip and passed through the Biscayne Park area of Miami to give a brief speech. The mayor of Chicago, Anton Cermak, was in Florida on vacation and planned to meet the president-elect just after the speech. Moments after Cermak and Roosevelt shook hands, several shots were fired. A 32-year-old bricklayer, Giuseppe Zangara, was attempting to assassinate Roosevelt but missed and hit Cermak and four other bystanders. Cermak was taken to Jackson Memorial Hospital where he died 19 days later. This manuscript reviews the health care provided to the mayor during those 19 days. Although the cause of death has been contested, Anton Cermak probably recovered from his gunshot wounds but died of complicated ulcerative colitis.

### Introduction

On February 15 1933, president-elect, Franklin Delano Roosevelt (FDR), was returning from a fishing trip off Miami. He and his security detail were passing through the Biscayne Park area of Miami for an announced stop where he was to give a brief speech. At the same time the Mayor of Chicago, Anton Cermak, was on vacation in Florida and wanted to meet with the president-elect. He contacted Roosevelt's team and was instructed to wait at the grandstand area of the Bay front Park where the president-elect would be able to meet with the mayor. As planned, Cermak approached FDR's car after the brief speech and just after shaking hands Roosevelt, several shots were fired. A 32-year-old bricklayer, Giuseppe Zangara, was attempting to assassinate FDR but missed and hit Cermak and four other bystanders [1]. Cermak rode in FDR's car to Jackson Memorial Hospital where he died 19 days later [2]. This manuscript will review the health care provided to the Mayor during those 19 days. Although the cause of death has been contested, Anton Cermak likely died of complicated ulcerative colitis.

### Background

Anton Cermak was a Czech immigrant that rose to power in Chicago politics in the environment of the major financial depression of the early 1930s. He was born in Austria-Hungary in 1873 and came to the United States, with his parents, when he was one year old. He grew up in a coal mining family but his family moved to Chicago when he was 16 where he worked odd jobs. He was a self-made man, saving enough money to start a small hauling business (horse and cart). He began his political career in 1902 when he was elected to the Illinois House of Representatives. He was elected to the Cook County Board of Commissioners in 1922, the chair of the county Democratic Party in 1928 and became mayor of Chicago in 1931 [3].

### Past medical history

Cermak's political career was complicated by frequent problems with severe gastrointestinal symptoms which was called colitis. As early as 1918, reports began to appear in newspapers that Cermak had taken ill and often suggested that he had contracted a severe cold [4]. The press often attributed his illness to "over-work". On August 18, 1925 Cermak became sick while fishing near Hayward, Wisconsin. He was admitted to a local hospital suffering from "severe cold with intestinal trouble" [5]. He was transferred to St. Anthony's Hospital in Chicago the following day where his temperature was 104. He was diagnosed with "influenzal infection of the intestine" and cared for by Dr. Frank J Jirka, Cermak's son-in-law, and Karl Meyer MD, a noted Chicago surgeon [6]. Two days later his condition worsened as he continued to spike temperatures but his symptoms eventually

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Received Date: 11 Dec 2018

Accepted Date: 04 Jan 2019

Published Date: 07 Jan 2019

#### Citation:

Pappas TN. How A Failed Assassination Attempt on Franklin Delano Roosevelt Ended in the Death of Anton Cermak, Mayor of Chicago. *Clin Surg.* 2019; 4: 2282.

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**Figure 1:** Franklin Delano Roosevelt and Anton Cermak in Chicago, December 1929.

resolved and he was discharged without complication [7,8].

The diagnosis of “intestinal inflammation” was again mentioned in February of 1929. Cermak was in Miami Beach Florida where he was recovering from an intestinal illness [9]. This episode of intestinal disease did not improve during a two month stay in Florida. On April 16, 1929, he notified the press that he was leaving Miami Beach and traveling to Baltimore Maryland to be admitted to the John Hopkins hospital [10].

Cermak did well for nearly a year but was sick again in the spring of 1930 and 1931 when he returned to Miami each time for rest and recuperation [11,12]. After being elected Mayor in April of 1931 [13], Cermak again needed a break and instead of going to Miami, contemplated a trip to Europe. After consulting with his son-in-law, Dr. Jirka, it was determined, that if the mayor did not take a significant break he would have a “serious breakdown” [14].

Cermak’s recovery was again short lived because he was back in Florida on January 11 1932, this time resting at a relative’s home in Miami Beach [15]. He was described as having a “severe cold and intestinal inflammation” and “confined to bed” [16,17].

Cermak was admitted again to St Anthony’s Hospital in Chicago on July 6 1932 with severe fatigue. He was described by Dr. Jirka as “run-down” and was discharged 10 days later, recovered from his “attack of indigestion” [18,19,20].

### Trip to Miami to meet the President

In the summer of 1932, Cermak opposed FDR’s candidacy for the president but after Roosevelt secured the Democratic nomination, the mayor found it necessary to mend fences. Chicago was having financial trouble and could not pay its teachers. When Cermak’s vacation to Florida coincided with FDR’s fishing trip, he decided to try to meet with FDR to begin the process of discussing federal programs that might support Chicago’s needs [21] (Figure 1).

Early in 1933, Cermak had contacted James Farley and they agreed to meet in Miami to discuss Roosevelt’s support of Cermak’s efforts in Chicago. At the time, Farley was the Chair of the Democratic National Committee and was in charge of handing out patronage jobs for the Roosevelt administration. Cermak arrived in Miami on February 7 1933 for a family vacation and several-planned meetings with Farley including a banquet thrown for Farley by the national Democratic Party leaders. After obtaining commitments that the new administration would fulfill Cermak’s patronage and federal assistance requests, the mayor planned to meet FDR in Miami to confirm Farley’s promises [22]. FDR was only passing through Miami

for a brief stop as he traveled back to New York. The president-elect had been fishing on Vincent Astor’s yacht the Nourmahal, in the Bahamas. The fishing trip began on February 4 and ended on the 15<sup>th</sup> when the president-elect landed at the pier near the Biscayne Park in Miami [23,24]. After he landed at 7 pm on the evening of the 15<sup>th</sup>, FDR was to be driven by his security team from the pier to the train station where he was going to take the train back to New York City at 10 pm. During the short drive from the pier to the train station, FDR was going to make a brief stop for a speech at the Biscayne Bay Park. Given the limited time that FDR was to be in Miami, it was suggested that Cermak meet FDR just after the short speech. FDR had dinner on the yacht and then was taken to the Bayside Park by the Secret Service accompanied by the mayor of Miami, Redmond Gautier in a convertible Buick. Once at the Park, the Roosevelt’s car stopped on a narrow road in-between the bandstand stage and a large crowd waiting for the president-elect. FDR stood and sat on the top of the back seat of the convertible to give his one-minute speech around 9:40 pm. After the speech, Cermak, who was sitting on the stage with other dignitaries just steps away from the convertible, moved to the running board to shake hands with the president-elect. After speaking with Roosevelt briefly, Cermak stepped off the running board and moved away from the convertible. At that moment, Giuseppe Zangara fired five shots in an attempt to assassinate FDR.

### The assassination attempt

Giuseppe Zangara, an Italian born naturalized citizen, came to the United States in 1923 and became a citizen in 1929. He was an, often unemployed, bricklayer who had a syndrome of chronic abdominal pain, which plagued him for most of his adult life. He was sitting in the fifth or six throw of seats approximately 20 feet from the president-elect [26].

Lillian Cross and Tom Armour were private citizens sitting next to Zangara, who disrupted his aim and were given credit for saving the future president’s life [27]. Five individuals were hit by bullets including Mayor Cermak. Zangara was immediately apprehended and later told police that he wanted to kill kings, presidents and all capitalists [28] (Figure 2).

Cermak fell after being stuck in the right flank by a single bullet. He was able to stand with assistance (Figure 3) and helped into Roosevelt’s car, which sped 20 city blocks to Jackson Memorial Hospital.

When Cermak got to the hospital, he was noted to have an entrance wound on the right chest, just below the tip of the scapula on the right. The physicians stated that the bullet had traversed the right lung, right diaphragm and the liver. The trajectory of the bullet was posterior and downward and was detected by X-ray in the 11th



**Figure 2:** Giuseppe Zangara, in jail, reading newspaper reports of his assassination attempt, the day after the shooting.



**Figure 3:** February 15, 1933. Just after the shooting, Cermak was assisted to his feet and helped back in to Roosevelt's car.

thoracic vertebra. By 2 am, the physicians taking care of Cermak, Dr John W Snyder, Dr Thomas H Hutson and Dr E. Sterling Nichol, issued a statement that the Mayor had an expected 50% mortality but they were not recommending immediate surgery. He was a febrile with a heart rate of 88 and was breathing comfortably at 24 breaths per minutes [29].

At approximately 20 hrs after the shooting Cermak was described by his physicians as “very satisfactory”. Again his vital signs were stable (pulse 88, respirations 22, temperature 99) and his pain from the bullet injury was diminishing. Plans for an operation were again delayed since the mayor was stable [30].

In explaining why no operation was necessary at this time, the doctors suggested that there would be no reason to get the bullet out since its location in the T11 vertebral body was not causing harm. They thought the kidney was spared and again suggested that the diaphragm and the liver had been traversed. The pleural cavity was likely traversed but there was no apparent injury to lung since there is no record of a chest tube being placed during the mayor's initial evaluation [31].

Two physicians, well known to Cermak, joined the expanding team of internists and surgeons who were taking care of the mayor. Dr Frank J Jirka, who arrived from Chicago on February 17, had recently been appointed the Director of the Illinois Department of Public Health Jirka brought with him Dr. Karl Meyer who had previously cared for Cermak and at the time of the shooting was the head of the Cook County Hospital, and a surgeon with extensive experience with abdominal surgery [31,32,33].

By 10:30 pm on February 16, the mayor continued to be stable with relatively unchanged vital signs (pulse 96, temperature 99.6 and respirations 20). Despite the hemodynamic stability, he developed heart block on the EKG the morning after the shooting. The physician team stated that the right lung had not been injured by the bullet but they were worried about “weakening of the heart” and the possibility that the mayor might develop pneumonia [34]. His condition improved on the February 17, when vital signs were stable, and he was able to speak with his family. The surgeons confirmed that the bullet went through the tip of the right lung in its path from lateral to medial, presumably due to the presence of a stable pneumothorax on chest X-ray (although the term “pneumothorax was never mentioned in any of the medical reports released to the new media) [35]. The physicians also commented that they thought he would recover, barring complications such as pleural effusion and empyema [36].

By February 18, the mayor had improved sufficiently to sit up in

bed and talk to reporters for the first time since the shooting. His doctors including, his son-in-law, continue to preach caution stressing that complications could still cause a setback. By all accounts, Cermak appeared to be starting to emerge from danger [37]. February 19 and 20 were a similar days, marked only by a low-grade fever of 100 each day. Otherwise, the mayor continued to improve [38,39].

### Cermak develops colitis

Cermak started to deteriorate on February 21. In the evening, he developed a fever of 101 associated with a heart rate of 108 and respiratory rate of 30. The physicians stated that the cause of decline was “colitis” [40]. His symptoms of colitis included abdominal pain and rigors. By the following day, the abdominal pain from the colitis was somewhat improved but his loose stools continued. His heart rate was 130 and he was described as exhausted [41].

During the night of February 22<sup>nd</sup> and the following morning, Cermak became hemodynamically unstable. He had decreased urine output and hypotension likely due to the dehydration from his “colitis” induced diarrhea. His blood pressure was sufficiently low that his heart rate could not be measured for three minutes. He was given caffeine as a “stimulant” to raise his blood pressure. He was described as being in “shock” and eventually responded to intravenous infusion of a dextrose solution (he received over 1500 ml of a 10% glucose solution). He responded to intravenous fluids and by the afternoon of February 23, his temperature was 99.8, his heart rate was 120 and his respiratory rate was 28. His renal function also improved in response to the fluid that was administered [42]. During this crisis, the doctors briefly thought Cermak had died. The physicians had a new worry about his respiratory function and planned to use an oxygen tent if his respiratory rate increased further [43].

By February 24, his condition had slightly improved 44 but this improvement was brief because on February 25 the mayor had worsening cardiopulmonary function. The physicians no longer predicted survival but simply said Cermak would “live through the night”. He was placed in an oxygen tent and received his first blood transfusion. He still had a heart rate of 120 and his EKG showed sinus tachycardia with evidence of ischemia. The oxygen tent and stimulants were used to improve his cardiac function. His gastrointestinal symptoms persisted and the physicians continued to call this condition colitis. Daily intravenous glucose was being given (approximately 1000 cc/day) and the mayor was allowed very little by mouth due to the ongoing problem with “colitis”. Blood donor was actively being sought since daily transfusions were anticipated [45].

On February 26, the mayor was diagnosed with pneumonia in his right lung (the same side as the bullet wound). The diagnosis was confirmed by X-ray in the setting of decreased breath sounds at the right base of the lung on auscultation, a continued heart rate of 126 and a fever of 101 and a respiratory rate of 32. He was maintained in his oxygen tent. According to his physicians, it was unclear if this represented a post-traumatic abscess or pneumonia [46].

Cermak was stable on February 27, his breathing slightly less labored, but his heart rate continued in the 120s and his temperature was over 101. He was temporarily removed from his oxygen tent [47]. His downhill course continued on the 28<sup>th</sup> when his infiltrate on chest X-ray doubled in size. When the mayor's respiratory rate reached 40 and he was gasping for air, he was placed back in the oxygen tent. His gastrointestinal symptoms worsened, he continues to be tachycardic and febrile and he was resumed on intravenous glucose [48]. Despite

some encouraging words from his physicians, there was clear evidence that Cermak deteriorated on March 1 and 2. He was moved from the oxygen tent to an oxygen room to guarantee his high flow oxygen and received daily intravenous blood and glucose [49]. The colitis was still present and his respiratory rate continued at 30 breaths per minute. Hiccoughs started on March 2 [50].

Worsening respiratory rate prompted the physicians to reinvestigate the right chest. It became apparent that an empyema had begun in the right chest. The mayor developed right shoulder pain, worsening abdominal distension and crampy abdominal pain. His doctors thought he had an empyema or a subphrenic abscess on the right. He was taken to the operating room on March 4 for a needle aspiration of a right chest plural effusion. The aspirate was foul smelling so a chest tube was placed. The chest tube drained bloody serous fluid and the physicians called this a "gangrenous process" in the right lung [51,52]. On the same day in Washington DC, Franklin Delano Roosevelt was inaugurated at the 32<sup>nd</sup> President of the United States [53].

The mayor had a difficult day on March 5 and by 12:05 am on the 6<sup>th</sup> he was in a coma. He spent the March 5 getting transfusions and intravenous fluids for worsening heart rate and low blood pressure [54]. Attempts at resuscitation included neosarsphenamine, an arsenic preparation, used to fight gangrene [55]. The mayor died at 6:57 in the morning of March 6. The doctors stated that the bullet injured the right lung which caused a collapse of the lung, pneumonia, lung abscess and gangrene of the lung [56].

### Zangara executed

Zangara was originally indicted for attempted murder but the charge was changed to murder after the death of Cermak. After a speedy trial where Zangara admitted that he was trying to kill FDR, he was convicted and sentenced to death. Zangara was executed by electric chair in the Florida State prison, Raiford Florida, on March 20, 1933 [57].

### The four other victims

The other individuals injured on February 15 recovered from their wounds. Mabel Gill, the wife of the president of the Florida Power and Light Company was shot in the abdomen during the assassination attempt. She survived a laparotomy for her wounds and was discharged from the hospital on March 23 1933 after a complicated course [58]. Three others survived their wounds, including William Sinnott, a former New York police officer, who recovered from a bullet injury to his head. Margaret Kruis, a 23-year-old dancer, had a minor injury to her hand. Another bullet passed through Ms. Kruis's hat and was found in the clothing of Mayor Cermak, as he was undressed at Jackson Memorial hospital. Russell Caldwell (22 years old) had a minor head injury that was described as superficial [59,60]).

### Autopsy

The autopsy was attended by 9 doctors. The summary of the autopsy was presented at the trial of Zangara. The physicians made it clear that the gunshot wound created a clear path to the demise of the mayor. The autopsy stated that the bullet injured the right lung as it traversed the right chest causing bleeding and lung collapse. The physicians stated that the colitis was not related to the bullet path but developed during the recovery phase. They claimed that the mayor eventually developed pneumonia, empyema, and gangrene of the right lower lobe of the lung at the same time as the colon worsened.

They suggest that the colon started as mild colitis and became uncreative colitis, followed by perforated colon leading to peritonitis. They do not suggest that the bullet injured the colon but state that systemic illness triggered the colitis.

### Summary of the autopsy

"There is a definite continuity of the disease processed dating from the shooting and ending in death. First, the bullet with immediate collapse of the lung and hemorrhage and profound shock. With cardiac failure as the result of it, a disfunction of the digestive tract, resulting first in a simple colitis, which evolved into an ulcerative and then gangrenous colitis and a virtually simultaneous development of gangrene at the site of the bullet wound in the right lung. Final perforation of the colon with peritonitis with death culminating as a result of the bullet causing cardiac failure gangrene of the lung and peritonitis [61]".

It was obvious that they were making the claim that the shooting caused the death of Cermak despite the 19 days from injury to death. There was concern that the assassin would attempt to say that the injury was non-lethal and the doctor's mismanagement caused the eventual death. This was the attempted defense that Charles J. Guiteau used when he was tried for the assassination of President Garfield [62]. Despite their apparent consensus among the physicians, as witnessed by their signatures on the autopsy; there was disagreement as to the importance of the colitis in the mayor's course. Several newspaper reports appeared in the month following Cermak's death that shed a different light on the cause and effect of the gunshot wound. On March 30, Dr Karl A. Meyer was quoted as saying that the mayor would certainly have healed his chest wound had he not developed colitis [63]. This opinion was corroborated on April 1 by Dr Frederick Tice when he stated that "The bullet wound was not directly responsible" for Cermak's death [64]. Both physicians claimed that the mayor was "run down," in an overall weakened state, which contributed to his difficulty in fighting these complications. The State Attorney, N. Vernon Hawthorne, who tried the case that led to the execution of Zangara, took issue with these opinions. He sent a public letter to Dr. Meyer asking for more information on these issues. The state's attorney appended the signed copy of the autopsy (which included Dr Meyer's signature) which clearly stated that Cermak died due to his bullet wound [65]. Meyer attempted to back track his comments under pressure from the state's attorney. He still maintained that the final cause of death was from complications of the mayor's colitis [66].

### Analysis of cermak's care

Cermak was shot with one bullet that entered his back just below his right scapula and lodged in the body of T11 vertebra. There is evidence that it traversed the right pleural cavity, the right lung and the right diaphragm before it lodged in the spine. Although the autopsy and news reports state that the lung was punctured, traversed and collapsed, there is no mention of a right sided chest tube early in the management. Given that chest tubes were commonplace in the 1930s [67] it is very likely his pneumothorax was small and stable and therefore not treated with a tube. He had a chest tube place just before his death for an empyema.

Cermak stabilized quickly, and steadily improved over this first 5 days. The clinical course describe is consistent with the described injury. A gunshot wound to the right chest, right diaphragm, and dome of the liver could certainly lead to stability as long as the pneumothorax was stable and there was no excessive bleeding

from the liver. After 5 days of improvement, the mayor developed gastrointestinal symptoms. The doctors suggested that all the gastrointestinal symptoms were due to colitis. The mayor had fever, abdominal pain, rigors, and perhaps bloody diarrhea, although blood in the stool was not explicitly mentioned in the newspaper reports. Given that the colitis was called “ulcerative” during his hospital course and was called “ulcerative” and gangrenous on the autopsy it is reasonable to assume that some of the diarrhea was bloody. This assumption is also supported by the need for blood transfusion during the mayor’s hospital course. Given the mayor’s long history of colitis it is possible that he developed an exacerbation of existing ulcerative colitis as he recovered from the gunshot wound.

The gastrointestinal symptoms never abated and continued to worsen as he developed complications of megacolon. Late in his hospital course, the mayor developed hiccups and right shoulder pain likely as he perforated his right colon and formed a subphrenic abscess. If his bullet wound injured the right diaphragm, a subphrenic abscess could easily necessitate into the right chest, resulting in the need for late drainage of foul smelling pleural fluid just prior to his death. His autopsy findings align with his clinical course suggesting that he developed severe ulcerative colitis, megacolon and perforation of the right colon with subphrenic abscess. The autopsy and at least two of the physicians explicitly state that the colitis, colon perforation and peritonitis caused the mayor to die, not the gunshot wounds.

### Management of ulcerative colitis in the 1930s

The medical management of ulcerative colitis was largely just supportive care in the 1930s. Patients with severe diarrhea often were dehydrated and benefited from intravenous hydration, as did Cermak. If bloody diarrhea was severe then transfusion was considered. Otherwise there was no proven medical treatment of ulcerative colitis at the time of Cermak’s illness [68]. The use of sulfonamides was still being evaluated for patients with chronic ulcerative colitis in 1942 [69]. Corticosteroids were not used to treat ulcerative colitis until 1950 [70]. Once a patient developed toxic colitis, the mortality was extremely high and emergency total abdominal colectomy was not considered. Surgery had been described for complication of ulcerative colitis but was rarely used in the urgent setting. Total colectomy was rarely used and often with fatal outcome. Occasionally surgeons used diverting ileostomy as urgent treatment in the toxic patient and would follow with colectomy only when the patient stabilized [71].

### Alternate hypothesis

It has been suggested that the real reason for his colon perforation was a missed bullet injury to the right colon. In his book entitled “The Five Weeks of Giuseppe Zangara” authors Blaise Picchi asked several Miami surgeons to review the hospital course as chronicled by the newspapers of the day. After their review, the surgeons concluded that when the bullet passed through the right diaphragm it injured the right colon which eventually led to a subphrenic abscess and peritonitis [72]. Although this explanation is possible, it ignores many of the details of the 19-day clinical course as reported by the press. It is unlikely that a bullet wound to the right colon would present as late as 5 or 6 days after injury. Prior to Cermak’s significant deterioration on February 21, he was making steady improvement and was on a clear course to recovery. On the 21<sup>st</sup>, the sixth day after the shooting, Cermak had a septic episode and started a downhill course over the ensuing 2 weeks. Even if a minor injury to the right colon was “walled off” by the omentum, the timing of Cermak’s deterioration is unexplained. A contained perforation can initially stabilize but

once there was clinical manifestation of sepsis as occurred on day 6 post injury, in an era without antibiotics, it is unlikely that the mayor would have lived another two weeks. Picchi’s Miami surgeons also failed to review Cermak’s long history of colitis requiring several hospital admissions.

### Summary

Anton Cermak sustained a gunshot wound to the chest from an assassination attempt originally meant for the president-elect, Franklin Delano Roosevelt. He was taken to Jackson Memorial Hospital in Miami where he died 19 days later. He was treated non-operatively for a penetrating chest wound. As he was recovering from the non-lethal gunshot wound, he developed severe ulcerative colitis, a disease he had been hospitalized many times in the past. He likely developed megacolon, right colon perforation with associated right subphrenic abscess and peritonitis.

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