No. 300
10-48

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2854

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 138

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis, Childrens Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Jackson
c. CITY OR TOWN Murphysboro
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 703 N. 22nd St.

812 0 8

3. NAME OF DECEASED (Type or Print)
a. (First) Larry
b. (Middle) Edwin
c. (Last) McRoberts

4. DATE OF DEATH (Month) Jan. 5, (Day) (Year) 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 16, 1948
9. AGE (In years last birthday) 7 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Murphysboro, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lloyd McRoberts
13b. MOTHER'S MAIDEN NAME Edith E. Peters
14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Edith E. McRoberts, 703 N. 22nd St. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION Murphysboro, Ill.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury; Subdural Hemorrhage; suffered when car operated by Lloyd McRoberts father of deceased, in which deceased was a passenger went out of control and struck a plane post on Hwy # 127 near Greenville, Ill., on Dec 31 1955. 8234

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition [illegible]

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy
21c. (CITY, TOWN, OR TOWNSHIP) 32 (COUNTY) (STATE) near Greenville Ill.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 31 55 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 812

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 540A *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) [signature] 3
23b. ADDRESS 1300 Clark 1300 Clark Ca
23c. DATE SIGNED 1/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-5-56
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove, Mem. Cem.
24d. LOCATION (City, town, or county) (State) Murphysboro, Illinois,

DATE REC'D BY LOCAL REG. JAN 5 1956
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington,

S.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Bentley

Licensed Embalmer No. 36

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.