

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32369**

BIRTH NO. 15685-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7838

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANITE CITY</u> d. STREET ADDRESS (If rural, give location) <u>2860 RALPH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2860 RALPH STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>ROBERTS JR.</u> c. (Last) <u>ROBERTS JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 22 1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>8-21-1956</u>
9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY 	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>RICHARD ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY STEELE</u>	
14. NAME OF HUSBAND OR WIFE 		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Roberts</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart -</u> 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 causing death.	
19a. DATE OF OPERATION 		19b. MAJOR FINDINGS OF OPERATION 	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		754.4	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 5:35 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 	
22. I hereby certify that I attended the deceased from <u>AUG. 21, 1956</u>, to <u>AUG. 22, 1956</u>, that I last saw the deceased alive on <u>AUG. 22, 1956</u>, and that death occurred at <u>5:35 PM</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Design or title) <u>Alan Shubert, M.D.</u>		23b. ADDRESS <u>1322 N. Hardinghaus Granite City, Mo.</u>	
23c. DATE SIGNED <u>8/24/56</u>		24a. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILLINOIS</u>	
24b. DATE <u>8-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILLINOIS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Merrell Granite City</u>	
DATE REC'D BY LOCAL REG. <u>AUG 24 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill

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

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