

44220

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 7 1957

 BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 3065

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>	c. CITY OR TOWN <u>BRIDGETON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) _____ c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 4 1889</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCH MANN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. AIR. NAT. GUARD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON Co., IL</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN ROBERTS</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY JANE BARNHART</u>	14. NAME OF HUSBAND OR WIFE <u>JULIA S. ROBERTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-03-3579</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JULIA S. ROBERTS 4717 - ST. THOMAS ST</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL CONCUSSION</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FX TIBIA & FIBULA 8/24</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>25</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400 St. Louis MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 11 '56</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by automobile while trying to cross St. Charles St.</u>	
22. I hereby certify that I attended the deceased from <u>12-11</u> , 19 <u>56</u> , to <u>12-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>56</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. J. Daniels MD</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	23c. DATE SIGNED <u>12/26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FEE FEE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE, MO</u>
DATE REC'D BY LOCAL REG. <u>12-27-56</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Daniels MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumann 12th St. 2504 Woodson Rd Overland Park</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48



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.....
Signature of Student Embalmer

Signed... *Oscar Mueller*

Licensed Embalmer No. *303*

P. O. Address *Owland*

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

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