

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 604 VanZant		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roger Middle John Last Roth			4. DATE OF DEATH Month December Day 4 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1940	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months 1 Days 2 Hours 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and state or country) Chester, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME W.H.Roth		13b. MOTHER'S MAIDEN NAME Virginia Hamm		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 360-32-9531		17. INFORMANT W.H.Roth, Chester, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidual Hematoma; Fracture of the Skull. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (a) EB15.4 DUE TO (c) 2.6					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Suffered in collision between					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Accident		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) Crash cycle reported by driver and automobile in Chester, Ill.			
20c. TIME OF INJURY Hour 12:45 Month, Day, Year a.m. 12-4-57 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 32			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32
20f. CITY, TOWN, OR LOCATION Chester		COUNTY Randolph		STATE Ill.	
21. I attended the deceased from 1245 A to 1245 P and last saw her alive on 12-4-57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James M. Beecher (Deputy or title) Deputy			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-4-57	23c. NAME OF CEMETERY OR CREMATORY St. Marys of Help		23d. LOCATION (City, town, or county) (State) Chester, Ill.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. DEC 5 57		26. REGISTRAR'S SIGNATURE Neil Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are listed. All diseases in Part I must be causally related.

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 *John Binkley*

Licensed Embalmer No. *3653*

P. O. Address *St Louis 8 Mo*

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.