

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-023348

FILED JUL 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6235** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 Days	c. CITY OR TOWN Granite City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2522 Nameoki Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOWARD Middle EDWARD Last ROSEBERRY JR.			4. DATE OF DEATH Month July Day 1 Year 1959			
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 2-3-1939	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer		10b. KIND OF BUSINESS OR INDUSTRY Quad-City Roofing Co.		11. BIRTHPLACE (City and state or country) Granite City, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Howard Roseberry Sr.		13b. MOTHER'S MAIDEN NAME Lena Steinman		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 328-30-8243	17. INFORMANT Address Lena Roseberry Granite City, 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) *Acute numerous tracheo bronchitis accompanied by old right*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) *thalamic infarction and ossified epigastral hemorrhage*

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. *Following injuries suffered in industrial accident while employed at Tri City Warehouse, Granite City, Illinois, on or about July 14th*

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter date of injury in PART II of form 10)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 7 14 58 1958	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Warehouse	20f. CITY, TOWN, OR LOCATION COUNTY STATE Granite City Ill.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS 1300 Clair	22c. DATE SIGNED 7/6/59
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 7-1-59	23c. NAME OF CEMETERY OR CREMATORY Wanda Cemetery
24. FUNERAL DIRECTOR John L. Sedlack	ADDRESS Madison, Illinois.	25. DATE RECD. BY LOCAL REG. JUL 1 '59
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		23d. LOCATION (City, town, or county) (State) Madison County, Illinois.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

7086

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 **not**

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John T. Sedash

Licensed Embalmer No. **3747**

P. O. Address **Madison, Illinois**

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.