MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033262
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2178

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002
2 4038
3 2
4 0
5 1
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7 1
8 1
9 9163
10 5
11 117
12 45-9
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT 12

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in Ib: 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Rock Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2543 Rockford — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marion Middle: W. Last: Roberson
4. DATE OF DEATH: Month: July Day: 19, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/14/1923
9. AGE (last birthday): 38
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): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Cupples Products Co.
11. BIRTHPLACE (City and state or country): Mt. Carmel, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Webster Roberson
13b. MOTHER'S MAIDEN NAME: Edith Darrow
14. NAME OF HUSBAND OR WIFE: Frances
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of serv): WW II
16. [illegible]
17. INFORMANT: Frances Roberson, 2543 Rockford — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatic brain damage with superimposed infection
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Explosion - switch box
20c. TIME OF INJURY: Hour 12:30 a.m. ~~p.m.~~ Month, Day, Year: 7/5/62
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory (generator room)
20f. CITY, TOWN, OR LOCATION: Maplewood COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 7/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-23-62
23c. NAME OF CEMETERY OR CREMATORY: Janesville Cemetery
23d. LOCATION (City, town, or county) (State): Janesville, Ill.

24. FUNERAL DIRECTOR: Hoener Funeral Home, Cuba, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 7-20-62
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(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 embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.