DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38087
Do not use this space.

791

1. PLACE OF DEATH
(a) County 1 Registration District No. 1003
(b) Township 2 Primary Registration District No. Registered No. 9926
(c) City St. Louis (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred X yrs. X mos. 13 ds. (f) How long in U. S., if of foreign birth? 30 yrs. mos. ds.
2310

2. PRINT FULL NAME FRANK BOSTER
(a) Residence, No. Collinsville, Illinois St. NR Collinsville, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elvera Boster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th 1884

7. AGE: Years 55 | Months 6 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as saw mill, bank, etc. loading Coal
10. Date deceased last worked at this occupation (month and year) Nov. 11-1939
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy ?

FATHER
13. NAME not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known ?

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Veglia Boster Collinsville, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville, DATE Nov. 22-1939

19. FUNERAL DIRECTOR (NAME) HERR FUNERAL HOME
(ADDRESS) Collinsville, Ill.

20. FILED NOV 21 1939 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1939, to 11-19, 1939
I last saw him alive on 11-19, 1939 Death is said to have occurred on the date stated above, 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative bilateral bronchopneumonia (two organism isolated)	11-14-39
Myocarditis - chronic - acute cardiac decomp.	11-15-39
Rt frontal lobe brain tumor malignant	? 8-39

Other contributory causes of importance:

53

Name of operation Rt frontal craniotomy Date of 11-13-39
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joy M. Carlyn, M. D.
(Address) Barnes Hosp

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLEASE PRINT OR TYPEWRITE. THIS IS A PERMANENT RECORD

9926

9926

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, Vincent A. Stow Jr, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Vincent A. Stow Jr

Licensed Embalmer No. 3577

P. O. Address Collinsville 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, above space should be left blank.