

FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10197

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2507

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Frankfort</u> <u>8127</u>	
c. LENGTH OF STAY (In this place) <u>2 mo. 7 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Thomas</u>	
		c. (Last) <u>Boustead Jr.</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1950</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>April 5, 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	11. BIRTHPLACE (State or foreign country) <u>Bladewood, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Samuel T. Boustead Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Sarliss</u>	
		14. NAME OF HUSBAND OR WIFE <u>Isabella Boustead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Isabella Boustead, West Frankfort, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningiothelial meningioma, right temporal region</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonitis</u> <u>Conditions contributing to the death but not related to the disease or condition causing death. Cystitis with pyelonephritis</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Ill.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 10, 1950</u> , to <u>Mar. 14, 1950</u> , that I last saw the deceased alive on <u>Mar. 14, 1950</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Posater</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
		23c. DATE SIGNED <u>3/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-14-50</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Posater</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Wm Bunsley

Signed.....
Student Embalmer

Licensed Embalmer No. *3657*

P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.