

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

38039

State File No. ....

9985

FILED NOV 23 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3 5966 South Cuba Court</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <u>Lydia</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Boudreau</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 14, 1955</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 9, 1882</u>	<b>9. AGE</b> (In years last birthday) <u>72</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>5</u>	<b>IF UNDER 24 HRS.</b> Hours <u>  </u> Min. <u>  </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Westphalia, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>  </u>
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<b>13a. FATHER'S NAME</b> <u>Albert Schlieff</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Henrietta Holtschneider</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harry L.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Harry L. Boudreau</u>	<b>ADDRESS</b> <u>5966 S. Cuba Ct.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Cerebral Embolism</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Arteriosclerosis / Ht. Disease</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Conspicuous Ht Failure</u>		—	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>420.0</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b>
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**22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 14, 1955, that I last saw the deceased alive on Nov 14, 1955, and that death occurred at 12:35 AM from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Joseph V. O'Donnell, M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>539 N. Grand</u>	<b>23c. DATE SIGNED</b> <u>Nov 15, 55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/17/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>NOV 16 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Chas. F. Stuart</u>	<b>ADDRESS</b> <u>1225 Union</u>
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WRITE PLAINLY—USING UNFADEING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin L. Kemp*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak St. Louis 20, 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.