

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007805

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1577** STATE FILE NUMBER

AMENDED

**FILED FEB 16 1962**  
 PLACE OF DEATH  
 a. COUNTY - - -

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY - - -  
 c. CITY OR TOWN **St. Louis, Missouri** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2305a University St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **A/K/A Lillie** Middle **LILLY** Last **BOUDAR** (n.m.i.)  
 4. DATE OF DEATH Month **FEB.** Day **5** Year **1962**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **10-4-1876** 9. AGE (last birthday) **85**  
 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) **Housewife**  
 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William B. Mason** 13b. MOTHER'S MAIDEN NAME **Mary Strebeck** 14. NAME OF HUSBAND OR WIFE **Richard Boudar**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **Yes** 17. INFORMANT Address **Mrs. John Stroh 6526 Walsh St. Louis**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Infarction of Brainstem** INTERVAL BETWEEN ONSET AND DEATH **5 days**  
 DUE TO (b) **Cerebral Arterio sclerosis** **unk.**  
 DUE TO (c) **33 2x**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.)

20c. TIME OF INJURY Hour **Month, Day, Year** a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **12/31/61** to **2/5/62** and last saw her/him alive on **2/5/62**  
 Death occurred at **6:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **George H. Henke, M.D.** 22b. ADDRESS **1515 LAFAYETTE AVE** 22c. DATE SIGNED **2/5/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-7-62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **HOFFMEISTER COLONIAL MORTUARY** 25. DATE RECD. BY LOCAL REG. **FEB 6 1962** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

**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 Wm C. Hanson

Licensed Embalmer No. 4768

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.