

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

State File No. **24639**
3217

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>27 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>3624 PASEO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>		e. <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRED</u>	b. (Middle) <u>W.</u>	c. (Last) <u>BOEHMER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6 22 53</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>2-4-1890</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MACY'S Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN MO.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FREDRICK BOEHMER</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE N. HERMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>	16. SOCIAL SECURITY NO. <u>487-10-1886</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. J. NUGENT</u>	ADDRESS <u>1540 E. Cd/FAX DENVER, CO</u>
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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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis - embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pertussis from Ruptured Vesicle</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3327	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/22, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/22, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur B. Rhoades</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2300 W. 1st St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>6/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	24b. DATE <u>6-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-24-53</u>	REGISTRAR'S SIGNATURE <u>Gerardine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Eyler</u>	ADDRESS <u>K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40 1/64

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

Student Embalmer

Signed

Arthur Eugene Hook

Licensed Embalmer No. *4912*

P. O. Address *K.C. 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.