

THE UNITED STATES OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24841  
STATE FILE NUMBER

FILED JUL 20 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6078

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis, 223 <sup>9</sup> / <sub>0</sub>	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		Length of stay in lb 23 STREET ADDRESS 1801 California Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EVERHARD Fred BOERMA			4. DATE OF DEATH Month Day Year JUNE 26, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1870	9. AGE (In years last birthday) 85 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Groningen, Holland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacobus Johanas Boerma			14. MOTHER'S MAIDEN NAME Frauka Stienhaesen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. 487-32-8271	17. INFORMANT Address Amanda Boerma 1801 California Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho pneumonia</i> DUE TO (b) <i>Aspiration pneumonia</i> DUE TO (c) <i>Carcinoma of the Bladder</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 155x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 on 5/31/56 to 6/26/56 and last saw her alive on 6/26/56 Death occurred at 12:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Edwin B. Gutter MD</i>	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 6/26/56.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/29/56	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR John H. Gebken Sons 2730 Gravois Ave.		25. DATE RECD. BY LOCAL REG. JUN 27 1956	26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs relevant to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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... *Robert J. Gebke* .....

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.