

1939 MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7650
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 913
(b) Township JEMME OSAGE Primary Registration District No. 5996B Registered No. 1
(c) City DEFIANCE (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

J. H. BENJAMIN HOEJNER
(a) Residence, No. Warrensburg Mo. St. Warrensburg Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF LAWINNA HOEJNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 9th 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Osteopath
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1-9-39 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Melle Missouri

FATHER 13. NAME Henry Hoegner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Yoss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arnold C. Hoegner St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Melle DATE Feb-16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maschany Bros. Howell Mo.

20. FILED Feb 17 19 39 O.R. Buerenmeyer Local Registrar. 11-3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1939, to Feb 13 1939

I last saw him alive on Feb 13 1939 Death is said to have occurred on the date stated above, at 00 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 5 yrs
Hypertension 5 yrs
181

Other contributory causes of importance:
Chr. Glomerulonephritis 2 yrs
Hypostatic Congestion 1 day
Broncho Pneumonia 1 day

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Calvin C. Lutz _____ M. D.

(Address) Augusta Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ~~64~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Maris Muehlenberg

Licensed Embalmer No.

2468

P. O. Address

Hannover 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

7658
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 913
(b) Township Femme Orange Primary Registration District No. 3916 B Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town, where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. (John H.) Benjamin Hoefner St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 13 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:
Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-17-39 O R Buereneman Local Registrar

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Calvin Clay, M. D.
(Address) Augustus

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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