

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
Form 1 (Revised)

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

APR 4 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10879  
Registrar's No. 35

Registration District No. 297

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington, Mo.  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one Week  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis F. Hoemann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Hoemann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29, 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Detmold, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation County Highway Engineer

11. Industry or business \_\_\_\_\_

12. Name Henry Hoemann

13. Birthplace Detmold, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Kate Heßeman

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Hoemann  
(b) Address Union, Missouri

17. (a) (Burial, cremation, or removal) Normandy, Mo (b) Date thereof Mar. 28, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Hauer  
(b) Address Union, Mo.  
19. (a) Mar. 28, 1940 (b) H. A. May, 276  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Union  
(If outside city or town limits, write "RURAL")  
(d) Street No. 325 W. Springfield Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1940 hour 7:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/11, 1940, to 3/25, 1940.  
that I last saw him alive on 3/25/40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Overwhelming toxemia & heart failure  
Due to of scar pneumonia (rt.) 9 days.  
Due to \_\_\_\_\_

Other conditions Imm. debility due to imm.  
(Include pregnancy within 3 months of death)

Major findings: old chr. bronchitis  
Of operations \_\_\_\_\_  
Of autopsy none

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Michael H. Huppich (M. D.) or other \_\_\_\_\_  
Address Union, Mo Date signed 3/28/40

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**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.....

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

Signed..... *W. H. W. W. W.*.....

Licensed Embalmer No. *3175*.....

P. O. Address.....

**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, above space should be left blank.**