

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **410**  
Registrar's No. **532**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St Louis**  
(c) Name of hospital or institution:  
**4843 Greer Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **30 years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town..... **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4843 Greer Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Frederick Hoegemann**  
3. (b) If veteran, name war..... 3. (c) Social Security No. **493-07-0472**  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**  
6. (b) Name of husband or wife..... **Olinda nee Kisker dec'd** 6. (c) Age of husband or wife if alive **dec'd** years  
7. Birth date of deceased **April 12 1875**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **16th** year **1946** hour **12** minute **30 P. M.**  
21. I hereby certify that I attended the deceased from **Nov. 12, 1945**, to **Jan. 16, 1946**.  
that I last saw him alive on **Jan. 12, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Corobral Hemorrhage & Rt. Hemiplegia** Duration **2 mo.**  
Due to **Hypertensive Heart Disease** ? Yrs.  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **93**  
Of operations.....  
Of autopsy.....

8. AGE: Years **70** Months **9** Days **4** If less than one day hr. min.  
9. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Clerk**  
11. Industry or business **Grocery Store**  
12. Name **Unknown Hoegemann**  
13. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Son: Elbert Hoegemann,**  
(b) Address **4843 Greer Ave.,**  
17. (a) **Burial** (b) Date thereof **Jan 19 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Bethlehen Cem**  
18. (a) Signature of funeral director **Beiderwieden F H Inc**  
(b) Address **1936 St Louis Avenue**  
19. (a) **JAN 17 1946** (b) **J. F. Beiderwieden** (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) 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 **Melvin Jess** (M. D. or other) **MD**  
Address **3611 St Louis Ave** Date signed **1-16-46**

(Licensed Embalmer's Statement on Reverse Side)

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

2613

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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..... *Oliver W. Katz* .....

Licensed Embalmer No. *03737* .....

P. O. Address *1936 St. John Ave* .....

**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.**