

**FILED NOV 1 1948**  
Registration District No. **333**

Primary Registration District No. **6336**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Warren**  
(b) City or town **Warrenton (Rural-Charrette)**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 years**  
In this community **8 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren / 09**  
(c) City or town **Warrenton (Rural)**  
(d) Street No.  
(e) Citizen of foreign country? **no**  
If yes, name country.

3. (a) PRINT FULL NAME **Clarence Hoegemeier**

3. (b) If veteran, name war. 3. (c) Social Security No. **493-07-4718**

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

6. (b) Name of husband or wife **Alma Blaske Hoegemeier** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **November 8, 1889**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **13**  
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired chauffeur**

11. Industry or business

12. Name **Henry Hoegemeier**

13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Sherman**

15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alma Hoegemeier**

(b) Address **Warrenton, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **10-26-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **F.W. Nieburg & Co.**

(b) Address **Warrenton, Mo.**

19. (a) **Oct 24 / 46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**  
year **1946** hour **3:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **1943** to **Oct. 21**, 1946  
that I last saw him alive on **Sept. 21**, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Due to **Chronic Myocarditis**  
Due to **Chronic Nephritis**

Other conditions **✓**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **✓**  
Of autopsy **✓**  
**3/13**

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? **✓** (e) Means of injury.....  
23. Signature **[Signature]** (M. D. or other)  
Address **Warrenton, Mo.** Date signed **10-28-46**

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

MOTHER FATHER

Duration

**few minutes**

**10 yrs.**

**10 yrs.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 John Lieberg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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.