

1 Name in full Otto Henry Adolf Hoemann Age in yrs. 30  
(Given name) (Family name)

2 Home address Spring Texas  
(No.) (Street) (City) (State)

3 Date of birth November 7th 1886  
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural Born Citizen

5 Where were you born? Accidoot Md.  
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? \_\_\_\_\_

7 What is your present trade, occupation, or office? Minister

8 By whom employed? Ev. Luth. Congregation  
 Where employed? Klein Texas

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? wife 2 children

10 Married or single (which)? Married Race (specify which)? Caucasian

11 What military service have you had? Rank None; branch \_\_\_\_\_; years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? wife and children and church

I affirm that I have verified above answers and that they are true.

Ow. Adhemann  
(Signature or mark)

If person is of legal age, fill in this space

1 Tall, medium, or short (specify which)? Tall Slender, medium, or stout (which)? Medium

2 Color of eyes? Blue Color of hair? Brown Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? No

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Charlie Puryear  
(Signature of registrar)

Precinct 68  
 City or County Harris  
 State Texas

June 5th 1915  
(Date of registration)

Local Board for Harris County, Texas.  
 1012 Union National Bank Bldg.  
 HOUSTON, - TEXAS.

Ruth

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH  
PHYSICIAN, MEDICAL EXAMINER OR CORONER

CERTIFICATE OF DEATH

124 83 30003

REGISTRATION DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 500

1 DECEASED NAME FIRST MIDDLE LAST		2 SEX		3 DATE OF BIRTH (Mo., Day, Yr.)	
REV. OTTO H.A. HOEMANN		M		NOVEMBER 7, 1986	
4 RACE (e.g. White, Black, American Indian, etc.)	5a AGE Last Birthday (Yr.)	5b UNDER 1 YEAR	5c UNDER 1 DAY	6 DATE OF BIRTH (Mo., Day, Yr.)	
WHITE	96			NOVEMBER 7, 1986	
7a UNINCORPORATED			7c CHRISTIAN HOSPITAL NORTHEAST		
8 MARYLAND			9 U.S.A.		
10 WIDOWED			11		
12 506-44-3007			13		
14a RETIRED MINISTER			14b		
15a MISSOURI		15b ST. LOUIS		15c FERGUSON 63135	
16 H. W. HOEMANN		17		18	
19a REMOVAL JANUARY 11, 1983		19b EVERGREEN CEMETERY		19c	
20a		20b MATH HERMANN AND SON, INC.		20c	
21a		21b		21c	
22a		22b		22c	
22d		22e		22f	
23a		23b		23c	
24a		24b		24c	
25		25a		25b	
26		26a		26b	
27		27a		27b	
28		28a		28b	
29		29a		29b	
30		30a		30b	

ST. LOUIS COUNTY  
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE  
801 So Brentwood Blvd.  
CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt.)  
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(Chap. 193.380 RSMo 1969)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

Lawrence E. Maze MD  
Registrar of Vital Statistics

# Rev Otto H. A. Hoemann

Memorial

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Birth: 1886  
Death: 1983

Burial:  
[Evergreen Memorial Park Cemetery](#)  
Omaha  
Douglas County  
Nebraska, USA

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Record added: Nov 12, 2013  
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