

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

Do not use this space.

34133

**1. PLACE OF DEATH**

County GASCONADE  
Township  
City HERMANN (No. ....)

Registration District No. 303  
Primary Registration District No. 418

File No. ....  
Registered No. 19  
St. .... Ward)

**2. FULL NAME**

JULIA SOPHIA WOHLT

(a) Residence. No. .... St., .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 8-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
67 1 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Hoof  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) HERMANN  
(STATE OR COUNTRY) MO

**PARENTS**  
10. NAME OF FATHER Hy. L. HECKMAN  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) HERMANN  
(STATE OR COUNTRY) MO  
12. MAIDEN NAME OF MOTHER WILHEMINA KELLER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) HERMANN  
(STATE OR COUNTRY) MO

14. INFORMANT Mrs. Edna Glatzer  
(Address) HERMANN, MO

15. FILED 10-6, 1931 Anna K. Rickhoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 3<sup>rd</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from July 3<sup>rd</sup>, 1931, to October 3<sup>rd</sup>, 1931, that I last saw her alive on October 3<sup>rd</sup>, 1931, and that death occurred, on the date stated above, at 11:45 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hemorrhage of brain  
rupture of vena  
thrombosis art. papiliter. sin.  
(duration) - yrs. 3 mos. - ds.

CONTRIBUTORY (SECONDARY) Rupture of vena, saphena magna, and thrombosis art. papiliter. sin.  
(duration) - yrs. 2 mos. - ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Julius Lingaufelder, M. D.  
(Address) Hermann, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hermann City Cem. DATE OF BURIAL 10/6 1931

20. UNDERTAKER H. Bleumer ADDRESS Hermann 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.

NOV 24 1931

sin. - sinistral.