

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10733

Registration District No. 503

Primary Registration District No. 7182

Registrar's No.

1. PLACE OF DEATH:
(a) County. Gasconade
(b) City or town. Hermann
(c) Name of hospital or institution:
415 E. First Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 80 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. MRS. CAROLINE LOUISE WOHLT

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

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

6. (b) Name of husband or wife. August Wohlt 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Dec. 24, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 18 If less than one day hr. min.

9. Birthplace. Philadelphia, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation. Hwf.

11. Industry or business.

12. Name. Joseph Sperry

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

14. Maiden name. Caroline Unknown

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

16. (a) Informant. Mrs. Carrie Huxol

(b) Address. Hermann, Missouri

17. (a) Burial (b) Date thereof. 3/15, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hermann City Cemetery

18. (a) Signature of funeral director. Hugo H. Blumer

(b) Address. Hermann, Missouri

19. (a) March 14, 42 (b) Anna K. Rickhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Gasconade
(c) City or town. Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 415 E. First Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month. March Day. 11th
year. 1942 hour. 9 minute. 00 P.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1942, to Mar. 11, 1942, that I last saw her alive on Mar. 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis

Duration 3 mo.

Due to. chronic bronchitis (not tuberculous) 5 mo.

Due to.

Other conditions. 932
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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.

(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) Means of injury

23. Signature. W. G. Jeter (M. D. or other) D. O.

Address. Hermann, Mo.

Date signed. 3/12/42

219 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.