

25769

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>WASHINGTON</b> township)	c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>RURAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1 mi. EAST OF BAY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GILBERT</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WOHLT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEP-2-1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>AUG. 27-1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RIVER BOAT PILOT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RUCK WORK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HERMANN Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US.</b>

13a. FATHER'S NAME <b>GUSTAVE WOHLT</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA HECKMAN</b>		14. NAME OF HUSBAND OR WIFE <b>Thekla Schmidt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>338-16-4069</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. L. A. GALATAS, HERMANN Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Liver diseases of Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8-10 Mon.</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumatic heart disease</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1955, to Sept 2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Bryan M.D.</b>		23b. ADDRESS <b>Hermann Mo</b>		23c. DATE SIGNED <b>9-3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept-5-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>HERMANN Mo</b>					

DATE REC'D BY LOCAL REG. <b>9/5/55</b>		REGISTRAR'S SIGNATURE <b>J. E. Hedmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugoot Deumer HERMANN Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1955

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Hugo St. Leger*

Licensed Embalmer No..... 31

P. O. Address.....  
*Hereau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.