MAR 5 - 1937

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

Do not use this space.

791

8750

1. PLACE OF DEATH

County ..... 000 Registration District No. ..... 1003 File No. .....

Township ..... 30 Primary Registration District No. ..... Registered No. 2214

City ST. LOUIS 9 (No. FIRMIN DESLOGE HOSPITAL 1 Ward)

2. FULL NAME Minnie Spohr

(a) Residence, No. 5162 CABANNE AV 12 Ward. 1
(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) WIDOW

5A. IF ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF OSCAR SPOHR,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 11 - 1879

7. AGE YEARS 57 MONTHS 4 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME HENRY KLING 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 10

MOTHER

15. MAIDEN NAME KATHERINE ROTH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) DELMAR SPOHR, 5162 CABANNE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKEWOOD PARK DATE FEB 24 1937

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Av

20. FILED FEB 23 1937 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb 21, 1937

I last saw her alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2-14-37
Pneumococcic Septicemia	
Pneumococcus Meningitis	2-17-37

Other contributory causes of importance:

Cirrhosis of liver Uncertain

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. D. Brown, M. D.

(Address) Firmin Desloge

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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