

FILED DEC 22 1943

1003

Registration District No. **518**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10897**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4224 N. Florissant Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4224 N. Florissant Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louis R. Spohr.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-14-7417**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elisabeth Spohr** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Feb. 22, 1868**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Charles, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Wool & Feather grader**

11. Industry or business \_\_\_\_\_

12. Name **Gustave Spohr**

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

14. Maiden name **Amelia Moentmann**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elisabeth Spohr**

(b) Address **4224 N. Florissant Ave.**

17. (a) **Burial** (b) Date thereof **12/11/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens**

18. (a) Signature of funeral director **[Signature]**

(b) Address **2117 E. Grand Blvd.**

19. (a) **DEC 10 1943** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9**  
year **1943** hour **6** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Jan 2**, 19**43**, to **Dec 9**, 19**43**.  
that I last saw **alive** on **Dec 7**, 19**43**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **Henry E. Westerman, M.D.** (M. D. or other)  
Address **2136 E. Grand Blvd** Date signed **12/9/43**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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Dr. Henry Westerman  
2138 E. Grand Blvd.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank A. Moore*  
Licensed Embalmer No. *3041*  
P. O. Address *2117 E. Grand*

**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.**