

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. **25749**
Registrar's No. **6223**

Registration District No. **318** Primary Registration District No. **1003**

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (23 days under immediate care)
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3025 Bartold Avenue
(If rural, give location) NR
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Spohr
3. (b) If veteran, name war World War #1
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1946 hour 10 minute 00 A.M.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced. M
6. (b) Name of husband or wife. Hazel
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 13, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1946 to July 14, 1946
that I last saw him alive on July 14, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 0 Days 1
If less than one day hr. min.

Immediate cause of death Intrapericardial hemorrhage - cardiac tamponade Duration
Due to unknown cause
? calcific aortic disease - rupture of aorta

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation clerk

Other conditions Rheumatic heart disease
(Include pregnancy within 3 months of death)

11. Industry or business Union Electric
12. Name Lewis E. Spohr
13. Birthplace Manhattan, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Laura Hirt
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy 800cc. blood in pericardium
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Hazel Spohr
(b) Address 3025 Bartold Av. Maplewood, Mo.
17. (a) burial (b) Date thereof 7-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
National Cemetery
(c) Place: burial or cremation.....

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?

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo.
19. (a) JUL 15 1946 (b) J. F. Bradley (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury.....
23. Signature J. F. Bradley (M. D. or other)
Address Barnes Hospital **Date signed** 7/14/46

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

MOTHER FATHER

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..... *L R Cooper*
Licensed Embalmer No..... *3633*
P. O. Address..... *2301 Lafayette*

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.