URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VC NOV 20 1959

59-042546
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210211

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b: 60 YEARS	c. CITY OR TOWN ST. LOUIS — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. CITY HOSPITAL — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location) 4224 N. FLORISSANT — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ELISABETH Middle: B. Last: SPOHR				4. DATE OF DEATH Month: NOVEMBER Day: 5. Year: 1959	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐	8. DATE OF BIRTH: JULY 2, 1885	9. AGE (last birthday): 74	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (City and state or country): GERMANY	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: MICHAEL BOHRMANN	13b. MOTHER'S MAIDEN NAME: UNKNOWN	14. NAME OF HUSBAND OR WIFE: LOUIS R. SPOHR, DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO (If yes, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: MISS LOUISE SPOHR, Address: 4224 N. FLORISSANT			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 7, 1950, to Nov. 5, 1959 and last saw her alive on Nov. 2, 1959

Death occurred at 11:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Henry C. Westerman, M.D.		22b. ADDRESS: 2136 East Grand Blvd.	22c. DATE SIGNED: 11-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: Nov. 9. 1959	23c. NAME OF CEMETERY OR CREMATORY: FRIEDENS CEMETERY	23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: STOCK MORTUARY, 2117 E. GRAND		25. DATE RECD. BY LOCAL REG.: NOV 6 1959	26. REGISTRAR'S SIGNATURE: Noel Smith, M.D. MRB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul A. Nachter

Signature of Student Embalmer

Licensed Embalmer No. 4787

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.