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

Do not use this space.

24417

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1170 — File No.
7 Township Central — Primary Registration District No. 124811 — Registered No. 147
7 City Richmond Heights (No. St Mary's Hosp. St. Ward)

2. FULL NAME Louis R Spehr
(a) Residence, No. 5111 Wabada Ave St., Ward.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Nellie A Spehr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1871

7. AGE YEARS 61 MONTHS 11 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager
9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. Western Union
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany New York

FATHER
13. NAME Henry R Spehr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dora Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Nellie A Spehr 5111 Wabada Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 1 1933

19. UNDERTAKER (ADDRESS) Mullen Hnd Co 5165 Delmar Blvd

20. FILED July 31 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. HEREBY CERTIFY, That I attended deceased from July 29 1933 to July 29 1933
I last saw h.... alive on July 29 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
117B	Peritonitis Shock	
118F		
123B		

Other contributory causes of importance:
Carcinoma Hemorrhage from Duodenal Wall
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Cost only

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) ..... M. D.
(Address) [illegible]

O.K. Lukas Turnbull Coroner 7/31/33

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.

[illegible]
[illegible]

[illegible]
[illegible]

JC 45:56