

# CENTRAL REGION ALLIED ORDERS COMMANDER

Theodore Henry Mohr

Central Region Commander 1950-1954

Department of Missouri SUVCW Commander 1934

Born: 11 July 1885 – Mascoutah, St. Clair County IL

Died: 26 December 1961 – St Louis County, MO

Burial: Mount Lebanon Cemetery, St. Ann, St Louis County, MO

PARENTS: Barbara Bachman 1847 - ? Married 1861

Frederick Mohr 1842 - 1926

SPOUSE: Emma H. Kuhn (1886-1980)



**REGISTRATION CARD** A2924

SERIAL NUMBER 1894  
 THEODORE HENRY MOHR  
 4643 McCaffrey Pl. St. Louis, Mo.  
 Age in Years 33 Date of Birth July 11 1885

RACE: White  Negro  Oriental  Indian  Japanese

U. S. CITIZEN: Native Born  Naturalized  Came by Father's naturalization before Registrar's Service  Deceased  Non-Resident

13. If not a citizen of the U. S., of what nation are you a citizen or subject?  
 PRESENT OCCUPATION: Chief Clerk  
 EMPLOYER'S NAME: Metropolitan Life Ins.  
 PLACE OF RESIDENCE: 3600 North Grand

14. NAME AND ADDRESS OF NEAREST RELATIVE:  
 Name: Emma H. Mohr (wife)  
 Address: 4643 McCaffrey Pl. St. Louis, Mo.

I CERTIFY THAT I HAVE READ THE ABOVE ANSWERS AND THAT THEY ARE TRUE.  
 Theodore Henry Mohr

**REGISTRAR'S REPORT** 24-1-25 C

DESCRIPTION OF REGISTRANT

| HEIGHT |        |       | BUILD   |        |       | COLOR OF EYES |       | COLOR OF HAIR |       |
|--------|--------|-------|---------|--------|-------|---------------|-------|---------------|-------|
| Tall   | Medium | Short | Slender | Medium | Stout | Blue          | Green | Dark          | Light |
| 11     | 12     | 13    | 14      | 15     | 16    | 17            | 18    | 19            | 20    |
|        |        |       |         |        |       |               |       |               |       |

21. Does person list arms, legs, hands, eyes, or is he obviously physically disqualified? (Specify.)

22. I certify that my answers are true; that the person registered has read or had read to him his own answers; that I have witnessed his signature or initials, and that all of his answers of which I have knowledge are true, except as follows:

Date of Registration: Sept 15 1928  
 W. H. James  
 Registrar

**DIVISION 22, ST. LOUIS, MO.**  
 (STAMP OF LOCAL BOARD)  
 (The stamp of the Local Board having jurisdiction of the area in which the registrant lives is the permanent record and shall be returned to this box.)

Theodore graduated high school according to the 1940 census. The 1910 Census records him as living at 3847 Blane Ave, St. Louis, MO, and married to Emma. He is listed as being a laborer in a factory. His 1918 draft registration [see photo] shows him married and his occupation as the chief clerk of the Metropolitan Life Co. According to the 1930 Census, Theodore and his family lived at 3929 Ashland Ave, St. Louis, MO. He lists his occupation as a cashier for an insurance company.

In 1934 he was elected and served as the Missouri Department Commander – Sons of Union Veterans. Besides being commander, he was for years the secretary of the General J.C. Frémont Camp No. 35, St. Louis, MO. He is listed as the secretary of the camp in Gould's 1911 St Louis Directory and was living at 3020 Kossuth Ave, St. Louis at the time. The 1916 Directory shows him as secretary and living at 4163 Pleasant, St Louis. The 1917 directory lists him again as secretary and at that time was living at 4643 McCaffery Place, St. Louis. The 1919 Director records the same information, while the 1920 Directory lists him as secretary and living at 4431 Penrose, St. Louis.

In the 1940 Census he is still living on Ashland but at 3907 Ashland (both houses listed as being rented by him) and now lists his occupation as a salesman.

Theodore passed away on 28 Dec 1961 at Missouri Baptist Hospital in St. Louis. The causes of death are listed as Myocardial Infarction due to Arteriosclerosis and other cardiac issues. He was buried in Mount Lebanon Cemetery, St. Louis County, MO on 2 Jan 1962

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH** -61-046658  
 FILED JAN 1 1962 318 Primary Registration District No. 1003 Registrar's No. 12369 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits  
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY  
 c. CITY OR TOWN St. Louis Yes  No   
 d. STREET ADDRESS (if outside, give location) 3524 N. Garrison Avenue, Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last THEODORE H. MOHR  
 4. DATE OF DEATH December 28th, 1961  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 7-11-1885 9. AGE (last birthday) 76  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Office Manager 10b. KIND OF BUSINESS OR INDUSTRY Insurance 11. BIRTHPLACE (City and state or country) Mascoutah, Illinois 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME Frederick Mohr 13b. MOTHER'S MAIDEN NAME Barbara Bachmann 14. NAME OF HUSBAND OR WIFE Emma Kuhn Mohr  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 488-10-5898 17. INFORMANT Mrs. Emma Mohr, 3524 N. Garrison Avenue 7, Address  
 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction  
 DUE TO (b) Atherosclerosis  
 and DUE TO (c) Cardiac Distention  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201  
 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 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 Apr 5 1961 to Dec 28 61 and last saw him alive on Dec 28 - 1961  
 Death occurred at 3:00 P on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree of title) Lawrence H. Kellner M.D. 22b. ADDRESS 3121 N Grand St. 22c. DATE SIGNED 12-29-61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-2-62 23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Missouri.  
 24. FUNERAL DIRECTOR CALVIN P. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri 25. DATE RECD. BY LOCAL REG. JAN 2 1962 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

Theodore's father, Friederich Mohr, was born in Germany on 23 Nov 1842 possibly in Merxheim, Rheinland-Palatinate, Germany (records on Ancestry.com may actually point to another Frederick Mohr on that particular point).

Friederich served in the 43<sup>rd</sup> Illinois US Infantry Co. B as a private. His descriptive muster roll record states that he was 5'5" with black hair, black eyes and dark complexion (but this is a common description on many descriptive rolls). He was single when he joined and listed his occupation as a carpenter.

He joined on 10 Sep 1861 at Camp Butler, IL and was mustered in on 16 Dec 1861 at Otterville, MO for a period of 3 years.

His descriptive muster a few years later, when he reenlisted in the 43<sup>rd</sup> IL Consolidated Infantry Co A, states that he is 5'6" with Black Hair, Blue Eyes and a dark complexion (except another again records black eyes). He rejoined on 24 Feb 1864 at Little Rock, AR for a period of 3 years and mustered in on 22 Mar 1864 at the same location. He mustered out 30 Nov 1864 at Little Rock.

According to Dyer's Compendium the history of the 43<sup>rd</sup> Illinois during his time of service is as follows:

SERVICE - Duty at Otterville, Mo., till December 30, 1861. March to Tipton December 30-31, thence to Benton Barracks January 20-21, 1862. Moved to Fort Henry, Tenn., February 6-8, and to Fort Donelson February 25-26, thence to Savannah, Tenn., March 4-12. Expedition to Pinhook March 18-19. Moved to Pittsburg Landing, Tenn., March 22. Battle of Shiloh, Tenn., April 6-7. Advance on and siege of Corinth, Miss., April 29-May 30. March to Bethel, thence to Jackson, Tenn., June 4-16, and to Bolivar July 17-19, and duty there till May, 1863. March to support of Rosecrans at luka, Miss., September 15-23, 1862. March to LaGrange and return October 9-10. Grant's Central Mississippi Campaign October 31, 1862, to January 10, 1863. Operations against Forest in West Tennessee December 18, 1862, to January 3, 1863. Salem Cemetery, near Jackson, December 19, 1862. Scouting in West Tennessee and post duty at Bolivar till May, 1863. Expedition to Wesley Camp, Somerville, May 26-29. Movement to Memphis, Tenn., thence to Vicksburg, Miss., May 31-June 3. Expedition up the Yazoo to Satartia June 2-8. Action at Mechanicsburg, Satartia, June 4. Moved to Haines' Bluff June 6. Siege of Vicksburg June 9-July 4. Moved to Big Black July 12, thence to Snyder's Bluff July 22, and to Helena, Ark., July 29-August 1. Steele's Expedition to Little Rock, Ark., August 1-September 10. Engagement at Bayou Fourche and capture of

September  
Little Rock  
1864.  
Expedition  
March 23-  
Okolona  
Prairie D'Ann  
Camden

WAR DEPARTMENT  
U. S. ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

**APPLICATION FOR HEADSTONE**  
(PLEASE MAKE OUT AND RETURN TO BUREAU)

Name: Steer, Frederick Rank: Pvt. Company: 43rd Ill. Vol. Inf. Date of Death: 3-25-1865

Company: Co. H Station: St. Louis, Mo.

To be returned to: M. D. Toliver, Quartermaster, 1425 Chestnut St., St. Louis, Mo.

NO WAIT HERE

1. I hereby agree to accept the conditions of above destination, freight prepaid, and promptly place order of headstone's price.

2. This application is for the QUARTERMASTER'S use of only. It is understood the money will be for the benefit of the soldier's family or dependent, and not for the soldier's personal use, and will be paid to the family or dependent.

3. It is understood the money will be for the benefit of the soldier's family or dependent, and not for the soldier's personal use, and will be paid to the family or dependent.

4. This application is for the QUARTERMASTER'S use of only. It is understood the money will be for the benefit of the soldier's family or dependent, and not for the soldier's personal use, and will be paid to the family or dependent.

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10. This application is for the QUARTERMASTER'S use of only. It is understood the money will be for the benefit of the soldier's family or dependent, and not for the soldier's personal use, and will be paid to the family or dependent.

Little Rock  
10. Duty at  
till March,  
Steele's  
to Camden  
May 3.  
April 2-3.  
April 9-13.  
April 15.

Princeton April 28. Saline Bottom April 29. Jenkin's Ferry April 30. Garrison duty at Little Rock till November, 1865. Princeton May 27, 1864.

Frederick passed away due to Cerebral Thrombosis on 22 May 1926 and is buried in St. Matthew Cemetery, 4360 Bates St, Saint Louis, MO 63116.

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

Do not use this space.

18102

1. PLACE OF DEATH  
 County: \_\_\_\_\_ Registration District No. 01  
 Township: \_\_\_\_\_ Primary Registration District No. 10003  
 City: St. Louis (No. Christian Hospital)  
 File No. \_\_\_\_\_  
 Registered No. 5002  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frederick Mohr  
 (a) Residence No. 1419 East John Ave. St. 6 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. \_\_\_\_ mos. \_\_\_\_  
 (If decedent give city or town and State)  
 How long in U.S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_

| PERSONAL AND STATISTICAL PARTICULARS  |                                  |   |  | MEDICAL CERTIFICATE OF DEATH  |  |
|---|----------------------------------|---|--|---|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (prior to the word)<br><u>Widowed</u>   |  | 16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>May 22 1926</u>  |  |
| 3a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Mohr</u>                    |                                  |   |  | 17. I HEREBY CERTIFY that I attended _____ from _____ to _____ and that I last saw _____ alive on <u>5/21/26</u> and that death occurred, on the date stated above, at _____  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 23 1842</u>  |                                  |   |  | THE CAUSE OF DEATH* WAS AS FOLLOWS:<br><u>Cerebral Thrombosis</u><br><u>Cerebral Hemorrhage</u><br><u>Apoplexy</u> (Primary) _____<br>CONTRIBUTORY <u>Arterio Sclerosis</u> (Secondary) _____   |  |
| 7. AGE<br>YEARS <u>83</u> MONTHS <u>5</u> DAYS <u>29</u><br>IF LESS than 1 day, ____ hrs. ____ min. |                                  | 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Carpenter</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |  | 18. WHEN WAS DEATH CERTIFICATE CONTRACTED?<br><u>At Home</u><br>IF NOT AT PLACE OF DEATH:<br>DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF _____<br>WAS THERE AN AUTOPSY? <u>no</u><br>WHAT TEST CONFIRMED DIAGNOSIS? <u>Chemical Asymptotic</u><br>(Signed) <u>Chas. J. Martin</u> , M. D.<br><u>5/22, 1926</u> (Address) <u>3903 Lee St</u> |  |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                                      |                                  |   |  | *State the DISEASE CAUSING DEATH, or in death from VIOLENCE CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)   |  |
| 10. NAME OF FATHER <u>Not Known</u>   |                                  |   |  | 19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Matthew</u> DATE OF BURIAL <u>May 25 1926</u>   |  |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                           |                                  |   |  | 20. UNDERTAKER <u>Mr. F. Paschidag</u>  |  |
| 12. MAIDEN NAME OF MOTHER <u>Not Known</u>  |                                  |   |  | ADDRESS <u>2825 No. Grand Bl</u>  |  |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                           |                                  |   |  |   |  |
| 14. INFORMANT <u>Walter Mohr</u><br>(Address) <u>4431 Pennrose St</u>                               |                                  |   |  |   |  |
| 15. FOLIO _____ REGISTERED _____  |                                  |   |  |   |  |

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.