

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39049
Registrar's No. 10220

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Blue Springs,**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital** d. STREET ADDRESS (If rural, give location) **Route # 2, Box 407**

3. NAME OF DECEASED a. (First) **HENRY** b. (Middle) _____ c. (Last) **MUEHLEISEN** 4. DATE OF DEATH (Month) (Day) (Year) **November 10th, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 5th, 1885** 9. AGE (In years last birthday) **69** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 Wk.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Minister** 10b. KIND OF BUSINESS OR INDUSTRY **E. & R. Church** 11. BIRTHPLACE (City and State or Foreign Country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Muehleisen** 13b. MOTHER'S MAIDEN NAME **Katherine Schriempe** 14. NAME OF HUSBAND OR WIFE **Frida Muehleisen**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Frida Muehleisen, Rt. 2, Box 407, Blue Springs, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symphocarcinoma
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
2. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Anemia due to nephro- sclerosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **None** 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo. Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **2001**

22. I hereby certify that I attended the deceased from **Oct 1, 1954**, to **Nov 10, 1954**, that I last saw the deceased alive on **Nov 10, 1954**, and that death occurred at **2:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert C. Miegard, M.D.** 23b. ADDRESS **3700 Washington Blvd, St. Louis (8) Mo.** 23c. DATE SIGNED **Nov 11, 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal-Hall** 24b. DATE **10/11/54** 24c. NAME OF CEMETERY OR CREMATORY **Zear Church Cemetery** 24d. LOCATION (City, town, or county) (State) **Washington County, Wisconsin**

DATE REC'D BY LOCAL REG. **NOV 12 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **CALVIN F. FEUTZ** ADDRESS **4828 Natural Bridge Blvd. St. Louis, 15, Mo.** FUNERAL HOME INC.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Zindler

Licensed Embalmer No. 4275

P. O. Address St Louis, Mo

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.