

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

25107

Do not use this space.

**DEAD** AUG 11 1939

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 779  
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 37 yrs. 1 mo. 13 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Neil Theodore Muehlenbacher

(a) Residence, No. 1317 S. 16th. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norma Muehlenbacher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1901  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 37 11 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. City Engineering Dept.  
 10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Phillip J. Muehlenbacher 14. BIRTHPLACE (CITY OR TOWN) New York City (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Minnie Buhr 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. I. T. Seaman  
3012 Jules Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery St. Joseph, Mo. DATE July 28 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED July 28 1939 A. J. Neettlebach Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to July 26 1939  
 I last saw him alive on July 26 1939. Death is said to have occurred on the date stated above, at 8:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Delirium tremens.

Date of onset

July 24

Other contributory causes of importance:

Epilepsy - Grand mal  
Chronic Alcoholism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) D. J. Chaslett  
 (Address) Republic Bldg. - St. Joseph, Mo.

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.

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**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 *Robert P. Clarkson*

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jos

**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, above space should be left blank.**