

AUG 18 1927

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

Do not use this space.

22277

1. PLACE OF DEATHCounty St. CharlesRegistration District No. 75-7Township St. CharlesPrimary Registration District No. 3036City St. Charles(No. 815 Adams St. 3 Ward)

File No.

Registered No. 110St. 3 Ward)**2. FULL NAME**Emma Rose Barklage(a) Residence. No. 815 Adams St. St. 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 4 mos. ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**Female**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**H. George Barklage**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**July 28 - 1878**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>48</u>	<u>11</u>	<u>11</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)St. Charles Mo**10. NAME OF FATHER**Herman Hollrah**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**Hanover Germany**12. MAIDEN NAME OF MOTHER**Elise Menke**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**Hanover Germany**14.**INFORMANT Miss Esther Barklage(Address) St. Charles Mo**15.**FILED 7-9, 1927 Otto Beckman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**July 9 - 1927**17.**I HEREBY CERTIFY, That I attended deceased from July8, 1927, to July 8, 1927, that I last saw him alive on July 8, 1927, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bilateral Myocard**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) T. K. Nashin, M. D.July 9, 1927 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL**DATE OF BURIAL**Oak Grove CemeteryJuly 10 - 1927**20. UNDERTAKER****ADDRESS**Steinbrink Farm CoSt. Charles 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.

Dr 7 3 1/2 1/2 1/2 1/2