/28 1927

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.

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

Do not use this space.

31293

1. PLACE OF DEATH

County St Charles Registration District No. 757 File No.
Township St Charles Primary Registration District No. 3036 Registered No. 165
City St Charles (No. 210 Lindenwood ave St. 2 Ward)

2. FULL NAME Herman Friedrich Barklage

(a) Residence. No. 210 Lindenwood ave St., 2 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): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 — 1927
7. AGE: Years — Months 1 Days 25 If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home 159 158
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herman G. Barklage
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Charles Co Mo.
12. MAIDEN NAME OF MOTHER Hilda Pundmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Charles Co Mo

14. INFORMANT Herman G. Barklage
(Address) St Charles Mo

15. FILED 10-31-1927 Otto Bockemuehl REGISTRAR

✓

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1927, to Oct. 30th, 1927; that I last saw h[illegible] alive on Oct 29th 1927, and that death occurred, on the date stated above, at 3:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth (about 6 mos + 3 weeks Fetus) General Malnutrition Since birth (duration) yrs. mos. ds.

CONTRIBUTORY Prematurity
(SECONDARY) Inanition (duration) yrs. mos. 55 ds.

160

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) B. P. Wentker, M. D
10-31-, 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: Friedens Cemmetary
DATE OF BURIAL: Oct 31 — 1927
20. UNDERTAKER: Steinbrinker Furn Co.
ADDRESS: St Charles Mo