2 7 1928

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.

PERMANENT RECORD

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

Do not use this space.
28274

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township St Charles — Primary Registration District No. 3036
City St Charles (No. 210 S. 7th St.) — File No. — Registered No. 177
Ward 2

2. FULL NAME Emma Anna Margerette Barklage

(a) Residence. No. 210 S. 7th St., Ward 2
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John G. Barklage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 — 1864

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	11	10	

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 employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herman D. Meers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Bekebrede

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

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

15. FILED 8/24, 1928 Hy G. Bloebaum REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Aug 23, 1928, that I last saw h.. alive on Aug 15, 1928, and that death occurred, on the date stated above, at 4:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation
42 M
95 F
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Cardiac Hypertrophy + Mitral Stenosis
(duration) yrs. mos. ds.

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) J. H. Jones M. D
8/24, 1928 (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 Oak Grove Cemmetary — DATE OF BURIAL Aug 26 — 1928

20. UNDERTAKER Steinbrinker Furn Co — ADDRESS St Charles Mo.

Dr Jenkins