23 1929

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

Do not use this space. 3140

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 2
City St Charles (No. 238 Houston St., 2 Ward)

2. FULL NAME Catherine Elisa Barklage
(a) Residence. No. 328 Houston 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Benjimen Barklage
6. DATE OF BIRTH (month, day and year) Jun 12 1862
7. AGE: Years 66, Months 6, Days 20. If LESS than 1 day, ...hrs. or ......min.
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) (State or country) St Charles Co Mo
PARENTS
10. NAME OF FATHER Herman Meers
11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12. MAIDEN NAME OF MOTHER M. Bekebrede
13. BIRTHPLACE OF MOTHER (city or town) (State or country) St Charles Co Mo
14. INFORMANT Edwin H Barklage (Address) St Charles Mo
15. FILED 1/3, 1929 Hy G. Bloebaum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jan 1st 1929
17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Jan 1, 1929, that I last saw her alive on Jan 1, 1929, and that death occurred, on the date stated above, at 3.45 A m.
THE CAUSE OF DEATH* was as follows:
Carcinoma Stomach
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma Breast
(duration) 8 yrs. mos. ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes. Date of 1923 Breast Carcinoma
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms
(Signed) H E Bruening, M. D
1-3, 1929 (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: Jan 5 - 1929
20. UNDERTAKER: Steinbrinker Furn. Co — ADDRESS: St Charles

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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Dr. Bolding