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

Do not use this space.

15971

File No. 3984

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 5139 Enright Av St. Ward)

Registration District No. 791

Primary Registration District No. 1033

2. FULL NAME Eugenia E. Barbage

(a) Residence. No. 5139 Enright St. 12 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	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 Edward Barbage.

6. DATE OF BIRTH (Month, day and year) Oct. 31, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (City or town) St. Louis
(State or country) Mo

PARENTS

10. NAME OF FATHER John D. Senden

11. BIRTHPLACE OF FATHER (City or town)
(State or country) Germany

12. MAIDEN NAME OF MOTHER Anna Middeke

13. BIRTHPLACE OF MOTHER (City or town)
(State or country) Germany

14. INFORMANT Edward Barbage
(Address) 5139 Enright Av

15. APR — 3 1929 Filed, 19 Wm C. Vollmer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) April 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to April 1, 1929, that I last saw h. alive on March 31, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
87.0 Cerebral hemorrhage
97

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 11 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Pister Tuholske, M. D.

4/2, 1929 (Address) 4553 N. Taylor.

*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 Bellefontaine Cemetery — DATE OF BURIAL 4/3/1929

20. UNDERTAKER Bergesch Mfg. Co. — ADDRESS 366 Washington Pl.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD