

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

Do not use this space.

17326

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033B
City St. Louis (No. 8938, Forest Ave.) St. _____ Ward _____

File No. _____
Registered No. 146

2. FULL NAME

Henry J. Barklage
(a) Residence, No. 8938 Forest Ave. St. 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) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF (OR) WIFE OF Cecelia Barklage.

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Peters (STATE OR COUNTRY) Missouri

13. NAME William Barklage

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

15. MAIDEN NAME Catherine Hollenberg

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Edna Janssen (ADDRESS) 8938 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Hill Cem. DATE May 14, 1932

19. UNDERTAKER Geo. L. Pleistach, Inc. (ADDRESS) 5966-68 Easton Ave.

20. FILED 5-12-1932 Della Orrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11-30, to 5-11-32
I last saw him alive on 5-11-32. Death is said

to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 5-1-32
107A
93A / 107A
Other contributory causes of importance: Pneumonia Broncho 4-28-32

Name of operation none Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Leo H. Lambert M. D.
(Address) 7303 Natural Bridge

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

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.

5-12-1932

Bill of Exchange
Nat Bank & Financial

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Co. 4940