

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

Do not use this space.

2722

1. PLACE OF DEATH
37 County Gasconade Registration District No. 307
Township 1 Primary Registration District No. 5420
City Bay (No. 1) St. Bay Ward 1

2. FULL NAME Frank Barrenpohl
(a) Residence, No. 651 St. Bay Ward 1
(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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13 - 1858

7. AGE YEARS 79 MONTHS 4 DAYS 25 IF LESS than 1 day, ... hrs. or min.

OCCUPATION 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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo

FATHER 13. NAME George Barrenpohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katie Erfmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Barrenpohl
(ADDRESS) Blount Mo. R. R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bay Mo DATE 1 - 11 - 1938

19. UNDERTAKER W. F. Gattensbacher
(ADDRESS) Owensville, Mo.

20. FILED Jan - 10 - 1938 Mrs. F. B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 - 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb. 22 - 1936 to Jan 8 - 1938
I last saw him alive on Jan 7th - 1938. Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Feb 23 - 1936
Date of onset

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify E. G. Rhodius 1, M. D.
(Signed) E. G. Rhodius
378 (Address) Bay Mo

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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH