

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7416
Registration District No. 310
Primary Registration District No. 3058
Registrar's No. 37

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Edward Alfred Barklage

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Freese
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 1, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 21
If less than one day hr. min.

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry M. Barklage

13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maria Diekamp

15. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Maria Barklage

(b) Address

17. (a) Burial (b) Date thereof Feb 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director

(b) Address 326 N 6th St. St Charles, Mo.

19. (a) 2-27-43 (b) Lawrence G. Glesner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from December 19, 1942, to February 21, 1943;
that I last saw him alive on February 19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death anemia, aplastic
Duration 11 1/2

Due to 73 1/2
Due to

Other conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death) 5 yrs?

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature George Epstein (M. D. or other) M.D.
Address St Charles, Mo. Date signed 2/26/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur C. Bane

Licensed Embalmer No.....

9145

P. O. Address.....

St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.