

32395

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 11 1943

Registration District No. _____

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1026 Clay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Barklage

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

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

6. (b) Name of husband or wife J. Henry Barklage 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased March 20, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 7 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry H. Bruns13. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Margaret Berding15. Birthplace St. Charles, County, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Alfred Barklage

(b) Address _____

17. (a) Burial (b) Date thereof Sept. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lutheran Cemetery18. (a) Signature of funeral director Hackman-Baum(b) Address 326 N 6th St. St. Charles, MO19. (a) Sept 30, 1943 (b) Emmet L. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1050 Clay Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 27 to Sept 27 1943
that I last saw her alive on Sept 27 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(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 IR Norton (M. D. or other) _____

Address St. Charles MO Date signed 9-28-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

3155

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.