

FILED AUG 20 1945

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 96

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural-St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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. Caroline Barklage
3. (b) If veteran, name war _____
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Barklage
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 11, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Fred Freese
13. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marie Kolkmeier
15. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Barklage
(b) Address RR. 2 - St. Charles, Mo.

17. (a) Burial (b) Date thereof July 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Halkmann - Bane
(b) Address 326 N. 6th St., St. Charles, Mo.

19. (a) July 17, 1945 (b) Emil E. Paul
(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. R.R. #2 St. Charles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/7/44 to 7/14/45
that I last saw him alive on 7/13
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cancer of Esophagus
Due to Esophageal Hypertension
Primary Esophageal Cancer
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 20 97

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(Specify type of place) _____
While at work? _____ (c) Means of injury Car

23. Signature R. H. Hays (M. D. or other) and
Address St. Charles, Mo. Date signed 7/16/45

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

MOTHER FATHER

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-16-45

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.....

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.