

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9641**

9293

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

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>64</b>					
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>							
b. CITY OR TOWN <b>St Charles</b>		c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		c. CITY OR TOWN <b>St Charles</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>210 Lindenwood</b>							
3. NAME OF DECEASED a. (First) <b>Herman</b> b. (Middle) <b>Barklage</b> c. (Last) <b>Barklage</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 17 1949</b>								
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 17 1880</b>		9. AGE (In years last birthday) <b>68</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>		11. BIRTHPLACE (State or foreign country) <b>St Charles Co</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>William Barklage</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Senden</b>			14. NAME OF HUSBAND OR WIFE <b>Hilda Fundmann Barklage</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Hilda Barklage</b> ADDRESS <b>210 Lindenwood</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, general</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>5 yrs</b>		
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>							
22. I hereby certify that I attended the deceased from <b>December, 1948</b> , to <b>March 17, 1949</b> , that I last saw the deceased alive on <b>March 17, 1949</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Don R. Randall M.D.</b>				23b. ADDRESS <b>207 N. 5th St. St. Charles, Mo.</b>				23c. DATE SIGNED <b>March 21, 1949</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 20 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St John's</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>						
DATE REC'D BY LOCAL REG. <b>3/29/49</b>		REGISTRAR'S SIGNATURE <b>Kenneth H. ...</b>			FUNERAL DIRECTOR'S SIGNATURE <b>Paul ...</b>			ADDRESS <b>St Charles Mo.</b>			

RECEIVED

District Health Officer No. 9

District File Number

Date Filed APR 8 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed

*Arthur C. Bane*

Signed.....

Student Embalmer

Licensed Embalmer No. *3145*

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.