

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21719**  
Registrar's No. **5412**

No. 300  
10-48  
FILED JUN 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |   |                           |
|---|--|---|---------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)               |                           |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | a. STATE <b>Missouri</b>  | b. COUNTY <b>Franklin</b> |
| c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington 0362</b> |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3400 So. Grand</b>                                 |  | d. STREET ADDRESS (If rural, give location) <b>Oak St.</b>  |                           |

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED  |                               |   | 4. DATE OF DEATH  |   |  |
| a. (First) <b>Anna</b>   | b. (Middle) <b>Marie</b>      | c. (Last) <b>Barlage</b>  | (Month) <b>June</b>   | (Day) <b>11</b>                           | (Year) <b>1952</b>                       |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. DATE OF BIRTH <b>Sept. 30, 1878</b>                                    | 9. AGE (In years last birthday) <b>73</b> | IF UNDER 1 YEAR<br>Months<br>Days        |
| 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>Home Maker</b>                 | 11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Joseph Eckelkamp</b>                                  | 13b. MOTHER'S MAIDEN NAME <b>Catherine Schulte</b> | 14. NAME OF HUSBAND OR WIFE <b>Frank</b>                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b>                | 17. INFORMANT'S SIGNATURE OR NAME <b>William J. Eckelkamp</b> |
|   |  | ADDRESS <b>Washington, Mo.</b>                                |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs</b><br><b>1 3/4</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis</b> |  |  |
|   | DUE TO (c) <b>arterio sclerosis</b>   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |

|  |  |  |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> (NOT WHILE AT WORK) <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>331X</b> |
| 22. I hereby certify that I attended the deceased from <b>Jan 9, 1952</b> to <b>Jan 11, 1952</b> that I last saw the deceased alive on <b>Jan 10, 1952</b> , and that death occurred at <b>7:00 pm</b> , from the causes and on the date stated above. |  |  |

|  |                                   |  |
|--|-----------------------------------|--|
| 23a. SIGNATURE <b>Dr. J. Carl Smith</b>                  | 23b. ADDRESS <b>607 So. Grand</b> | 23c. DATE SIGNED <b>6/25/52</b>                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>6-11-52</b>          | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis</b>                |
|  |                                   | 24d. LOCATION (City, town, or county) (State) <b>Washington, Mo.</b> |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. <b>JUN 12 1952</b> | REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> | ADDRESS <b>4700 Washington Blvd.</b> |
|---|---|---|--------------------------------------|

WRITE PLAINLY—USING 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.