

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6885

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY St. Charles 0923				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 523 McDonough St.				e. STREET ADDRESS (If rural, give location) 523 McDonough St. 0923			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) D		c. (Last) BARKLAGE	
4. DATE OF DEATH		(Month) March		(Day) 4		(Year) 1955	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 7, 1876	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Henry H. Barklage		13b. MOTHER'S MAIDEN NAME Louisa Zumbuhl		14. NAME OF HUSBAND OR WIFE Hulda Schone Barklage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 198-07-6543		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hulda Barklage, St. Charles, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia, lobar ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arteriosclerosis heart disease, generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 2-10, 1955, to 3/4, 1955, that I last saw the deceased alive on 3/4, 1955, and that death occurred at 8:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE George E. Krater M.D.O.		23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 3-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
DATE REC'D BY LOCAL REG March 5 1955		REGISTRAR'S SIGNATURE Thannie Hain		FUNERAL DIRECTOR'S SIGNATURE Nathan C. Bane		ADDRESS St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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:.

Student.....
Signature of Student Embalmer

Signed *Flame M. Billo*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.