

STANDARD CERTIFICATE OF DEATH

9220

FILED APR 11 1955

State File No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Charles 0c. LENGTH OF
STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Charles

c. CITY
OR
TOWN St. Charlesd. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 9225

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

e. STREET ADDRESS (If rural, give location)

424 N. Benton St.

3. NAME OF DECEASED (Type or Print)

a. (First)

EMIL

b. (Middle)

H

c. (Last)

BARKLAGE

4. DATE OF DEATH

(Month)

(Day)

(Year)

April 6, 1955

5. SEX

Male 0

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married 1

8. DATE OF BIRTH

Aug. 12, 1888

9. AGE (in years last birthday)

66

10. MONTHS

7

11. DAYS

24

12. IF UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and State or Foreign Country)

St. Charles County, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John Barklage

13b. MOTHER'S MAIDEN NAME

Emma Meers

14. NAME OF HUSBAND OR WIFE

Adele Schlemmer Barklage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Adele 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Cerebral Thrombosis

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Gen. Arterio Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 week

2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

332 X

20. AUTOPSY?

YES ☒ 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)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-55, to 4-6-55, that I last saw the deceased alive on 4-4-55, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

April 8, 1955

24c. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24d. LOCATION (City, town, or county)

St. Charles, Mo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

251-0

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Arthur C. Bane, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1936

APR 23 1936

APR 23 1936

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.....
Arthur C. Bane

Licensed Embalmer No. *315*
P. O. Address *D. 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.