OCT 31 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30904

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No.

Township ~~St. Charles~~ — Primary Registration District No. 3036 — Registered No. 161

City St. Charles (No. St. Joseph Hospital. St. Ward)

2. FULL NAME Pauline Marie Barklage

(a) Residence. No. 804 Washington St., St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Barklage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
36	6	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles County, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER August F. Blase,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles Co (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Louise Schmiemeier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles Co (STATE OR COUNTRY) Missouri.

14. INFORMANT Wm. H. Barklage, (Address) 804 Washington.

15. FILED 9/27, 1930 Hy G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from August 13, 1930, to Sept 25, 1930 that I last saw her alive on Sept 25, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Multiple Ischiorectal Abscesses.

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at her home

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 25, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(Signed) B. L. Neubeiser, M. D.

9/26, 1930 (Address) St. Charles, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. John's Cemetery.	9/28/30

20. UNDERTAKER	ADDRESS
Steinbrinker Furn. Co	St. Charles Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 1958