No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19869

Registration District No. 791 | Primary Registration District No. | Registrar's No. 4681

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4225 N. 11th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 76 Yrs, 7 Mos, 13 Days

2. USUAL RESIDENCE OF DECEASED: 1043
(a) State Missouri (b) County 000
(c) City or town St. Louis 917 (If outside city or town limits, write "RURAL")
(d) Street No. 4225 N. 11th. St. E (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Barkhowe
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Barkhowe
6. (c) Age of husband or wife if alive 73 Yrs years
7. Birth date of deceased Oct. (Month) 19 (Day) 1864 (Year)

8. AGE: Years 76 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Upholsterer
11. Industry or business Mattress Mfg. Business
FATHER
12. Name Henry Barkhowe
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
MOTHER
14. Maiden name Unkown
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Louisa Barkhowe
(b) Address 4225 N. 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Luedmeyer & Sons
(b) Address 3934 N. 20th. St.
19. (a) JUN 4 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1941 hour 7-30 minute P. M.
21. I hereby certify that I attended the deceased from August 4th 1940, to June 2nd 1941; that I last saw him alive on June 1st 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carsinoma of Caecum — 9 Month
Due to Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature alfred Theo. Vogler (M. D. or other)
Address 4244 W. Florissant Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1942

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.