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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34071

State File No.

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 238

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 12 S. Glenwood Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 2 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CARL BARCK

3. (b) If veteran, name war None

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 Maud Barck

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 - 29 - 1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Karlfruhe (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired Professor & Physician

11. Industry or business

FATHER
12. Name Herman Barck
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Emma Reister
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. J.M. Garth,

(b) Address Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 10-4-'43 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 2 year 1943 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1st, 1943 to Oct 2, 1943 that I last saw him alive on Sept 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia from gangrene of both feet	1 yr
Due to: diabetes mellitus	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address Columbia Date signed 10/3/43

1250 (Licensed Embalmer's Statement on Reverse Side)

234
22/43

OCT 22 1953

NOV 9 1953

FEB 15 1954

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.....

Licensed Embalmer No.....

P. O. Address.....

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.