

S. No. 2
M-5-43
5-17-39
I X36871

State File No.

FILED FEB 5 1947

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME August Barklage

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 Olga Heitgerd

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

7. Birth date of deceased August 8, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>16</u>	hr. <u> </u> min.

9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Barklage

{ 13. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Wilhelmina Klune

{ 15. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Barklage

(b) Address St. Charles, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan. 27, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director Hackman Bates

(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) 1-31-47
(Date received local registrar)

(b) Nannie Hamster
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. R.R. #2, St. Charles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Complete displacement of the 7th, cervical vertebra and Complete severance of the cord and paralysis from sholder down,

Due to Auto accident

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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) Accident

(b) Date of occurrence Jan, 24, 1947

(c) Where did injury occur? St Charles, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm Truck ran over body
(Specify type of place)

While at work? Yes (e) Means of injury Paralysis

23. Signature Maries Murchland
Address Wentzville Date signed 1-25-47

RECEIVED
District Health Officer No. 9,
District File Number 2-4-47
Date Filed

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..... *Arthur C. Paine*

..... Licensed Embalmer No. 2145

..... P. O. Address St. Charles, Mo.

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.