

No. 3900
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#91058
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33895

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9272**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **58 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

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

(d) Street No. **2**
(If rural, give location)

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

3. (a) PRINT FULL NAME **WALTER BARKEY**

3. (b) If veteran, name war **-----**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **September 28 1890**
(Month) (Day) (Year)

8. AGE: Years **58** Months **0** Days **28** If less than one day hr: _____ min. _____

9. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business **Painting**

12. Name **Conrad C. Barkey**

13. Birthplace **Westphalen, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Alvina Decker**

15. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ervin H. Barkey**

(b) Address **5515 Milentz**

17. (a) **Burial** (b) Date thereof **Oct. 27, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cemetery**

18. (c) Signature of funeral director **BEIDERWIEDEN F. HOME, INC.**

(b) Address **1936 St. Louis Ave.**

19. (a) **OCT 26 1948** **J. B. Lascater**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25th**
year **1948** hour **3** minute **am** M.

21. I hereby certify that I attended the deceased from **10/21/48**
to **Oct. 25th**, 19 **48**

that I last saw him alive on **Oct. 25th**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **status asthmaticus** Duration **1 1/2 hrs.**

Due to _____

Due to _____

Other conditions **admission, supine with**
(Include pregnancy within 3 months of death)

Major findings: **admission**

Of operations _____

Of autopsy _____

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 **Paul M. Cadwell M.D.** **10/25/48**
Address _____ Date signed _____

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

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

MOTHER FATHER

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

Neal E. Paulson

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Ave*

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.