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

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10270**

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 83			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Charles		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 210 S. 7th St.					
3. NAME OF DECEASED (Type or Print) a. (First) OLGA			b. (Middle)		c. (Last) BARKLAGE		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 28, 1886		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME Herman Heitgerd			13b. MOTHER'S MAIDEN NAME Louise Kruse			14. NAME OF HUSBAND OR WIFE August Barklage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Rother, St. Charles, Mo.			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis generaliz						INTERVAL BETWEEN ONSET AND DEATH 10 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arteriosclerosis cerebral						10 years	
		DUE TO (c) Arteriosclerosis - coronary						10 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction						3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov 8, 1954 , to March 8, 1956 , that I last saw the deceased alive on March 7, 1956 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Eugene J. Canty M.D.				23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED March 10, 1956		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Mar. 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Harvester Cemet.		24d. LOCATION (City, town, or county) (State) Harvester, Mo.			
DATE REC'D BY LOCAL REG. March 10 1956		REGISTRAR'S SIGNATURE Samuel Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bane, St. Charles, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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OCT 2 1958

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clarence M. Bille

Licensed Embalmer No. 43

P. O. Address.....
St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.