No. 300
10.48

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

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25805

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1058 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (In this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 803 Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 803 Jefferson St.

0923

3. NAME OF DECEASED (Type or Print)
a. (First): Johannah
b. (Middle): Barklage
c. (Last): Barklage

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1957

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 14, 1873
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 11 Days 12 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House-wife
11. BIRTHPLACE (City and State or Foreign Country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Stuermann
13b. MOTHER'S MAIDEN NAME: ___
14. NAME OF HUSBAND OR WIFE: Fred Barklage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ___ (If yes, give war or dates of service) ___
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Armin Griewing — ADDRESS: St. Charles

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac vascular - Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: ___

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ___
DUE TO (c) Senility — ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: 4H 2X
20. AUTOPSY? YES ☐ NO ☐ 0

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) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* Jan 10, 1957, *to* July 26, 1957, *that I last saw the deceased alive on* July 25, 1957, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Jenkins MD
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: July 27, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1957
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Mo.

DATE REC'D BY LOCAL REG.: July 27-57
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur C. Bauer Funeral Home St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

540

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arthur C. Bare

Licensed Embalmer No. 3/4

P. O. Address St Chas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.