

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Louis, Wash.)

File No. **344801**
 Registered No. **344801**
 St. Ward)

2. FULL NAME Galdye Radke

(a) Residence. No. 4147 W. Pine Blvd. St. 19 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 0 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stenographer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Perfed Construction Co

9. BIRTHPLACE (CITY OR TOWN) Norwalk
 (STATE OR COUNTRY) Iowa.

PARENTS
 10. NAME OF FATHER Otto Radke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) Germany.
 12. MAIDEN NAME OF MOTHER Alice Johnson.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) Illinois

14. INFORMANT Mr. Otto Radke
 (Address) 4147 W. Pine Blvd.

15. FILED 17 1930 May 6 Starkloff REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1930
 17. No Physician in attendance
 HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Haemorrhage Ruptured Pancreas) received when struck by auto while walking on road St. Louis ds. Co. Mo

CONTRIBUTORY (SECONDARY) 2nd ON (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Accident
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY Yes

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. H. Hurley
10/14/30 (Address) Department of Health

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery
Walthalla Cemetery DATE OF BURIAL 10-14 1930

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

