WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Cascade — Registration District No. 302 — File No. 39063
Township Clay — Primary Registration District No. 6231 — Registered No.
City (No. , St. Ward)

2. FULL NAME Ralph Thiedke
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22-1934
7. AGE YEARS — MONTHS — DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Owensville, (STATE OR COUNTRY) R.F.D. #2 Mo

FATHER
13. NAME Edward E. Thiedke
14. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) R.F.D. #2 Mo

MOTHER
15. MAIDEN NAME Mary R. Kosark
16. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) R.F.D. #2 Mo

17. INFORMANT Edward E. Thiedke (ADDRESS) Owensville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns Cem. Bem. Mo DATE Nov. 26 - 1934
19. UNDERTAKER W.F. Gettenstroeter (ADDRESS) Owensville Mo.
20. FILED 11-30 19 C A Bunge MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1934
22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to 11-25, 1934
I last saw him alive on 11-25, 1934 Death is said to have occurred on the date stated above, at 1 15 P m.
The principal cause of death and related causes of importance were as follows:
Heart failure due to failure of closure of foramen Ovale
Date of onset
Other contributory causes of importance:
maldevelopment in utero

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph W Mills M. D.
(Address) Owensville Mo