

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32482**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **411**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. Is 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 (If not in hospital or institution, give street address or location) <b>1116 Cousin St.</b>			
STREET ADDRESS (If rural, give location) <b>1116 Cousin St.</b>			

3. NAME OF DECEASED (Type or Print) <b>Frederick</b>	a. (First) <b>Christian</b>	b. (Middle) <b>Thielking</b>	c. (Last) <b>Thielking</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 25, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 1, 1892</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>63</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Christian F. Thielking</b>	13b. MOTHER'S MAIDEN NAME <b>Maria Louise BARKAW</b>	14. NAME OF HUSBAND OR WIFE <b>Mary A. Ross Thielking</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # I</b>	16. SOCIAL SECURITY NO. <b>490-05-6211</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norman Thielking</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lymphocytic leukemia</b> DUE TO (c) <b>Rectal Fistula 2040</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Sept 16, 1955**, to **Oct 25, 1955**, that I last saw the deceased alive on **Oct 25, 1955**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. W. Kinsey</b>	(Degree or title) <b>Dr. J. Cape Girardeau Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>10/27/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-27-55</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. Loring</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

NOV 3 1931

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 *E. J. Lorberg*  
Licensed Embalmer No. 3814  
P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.