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

Do not use this space.

24799

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6958.

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. ..... ISOLATION HOSPITAL St. 24th Ward)

2. FULL NAME Bridgie Diehl

(a) Residence. No. 1437 Hampton St. 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Diehl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	4	15	

8. OCCUPATION OF DECEASED 50 15B

(a) Trade, profession, or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT ISOLATION HOSPITAL
(Address) L. Wooner

15. FILED JUL 14 1930 19 Max C Harden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to July 12, 1930 that I last saw her alive on July 12, 1930 and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of Chest and left arm following Radical amputation of breast for Carcinoma of Breast (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF about May 15

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Bil Kuhbiel, M. D.

7-14, 1930 (Address) ISOLATION HOSPITAL

*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	DATE OF BURIAL
Calvary Cemetery	7-15 1930
20. UNDERTAKER	**ADDRESS**
Kriegshauser & Co	4104 Manchester

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.