No. 300
10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 9979
Registrar's No. 2331

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (in this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC HOSPITAL ASSOCIATION

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2084
c. CITY OR TOWN: SAINT LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐: 0
e. STREET ADDRESS (If rural, give location): 8621 Trafford Lane

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sophie
b. (Middle): Dorothy
c. (Last): DIEHLMAN

**4. DATE OF DEATH** (Month) (Day) (Year): March 11 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 2, 1891
**9. AGE** (In years last birthday): 62
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Fred Kaufhold
**13b. MOTHER'S MAIDEN NAME**: Annie Schollmeyer
**14. NAME OF HUSBAND OR WIFE**: Adam John Diehlman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 702-12-6143
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mr Adam J. Diehlman, 8631 Trafford Lane

**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) Carcinoma of the BREAST — 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)~~ with Generalized Metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: May 27, 1950
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma Simplex of right breast
**20. AUTOPSY?** YES ☒ NO ☐

**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?**: 170X

22. *I hereby certify that I attended the deceased from* Feb. 1, 1954, *to* March 11, 1954, *that I last saw the deceased alive on* March 11, 1954, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Bart M. Passmante M.D.
**23b. ADDRESS**: 539 N. Grand
**23c. DATE SIGNED**: 3-12-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-15-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: MAR 13 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Math. Hermann & Son Inc. 2161 E. Fair Ave.
(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1954

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clement McGeary

Licensed Embalmer No. 323

P. O. Address St. Lou

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