

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

8910

Do not use this space.

FILED APR 6 1944

1. PLACE OF DEATH
 (a) County Registration District No. **318**
 (b) Township Primary Registration District No. **1003** Registered No. **772987**
 (c) City **St. Louis** (d) Street No. **0 Missouri Baptist Hospital** St. **St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Polly C. Emmons**
 (a) Residence, No. **Perryville** St. **Perryville, Missouri**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

N.R.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Garold O. Emmons**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30, 1913**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as 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) **Bollinger County**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Marion N. Killian**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lilly Hahn**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Garold N. Emmons**
 (ADDRESS) **Perryville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Girardeau** DATE **3-31-44**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe**
 (ADDRESS) **4700 Washington Blvd.**

20. FILED **MAR 29 1944**
J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 28, 1944**

22. I HEREBY CERTIFY, That I attended deceased from **March 26, 1944**, to **March 28, 1944**
 I last saw her alive on **March 28, 1944** Death is said to have occurred on the date stated above, at **5-15** m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Acute Cardiac Dilatation 3/28/44
12112
 (Other contributory causes of importance:
Cholelithiasis, Indefinite Dysmenorrhea, all her life

Name of operation **Cholecystectomy** Date of **3-27-44**
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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 **Yes, as above**
 (Signed) **J. F. Bredeck**, M. D.
 (Address) **Metropolitan Hotel, St. Louis** 3-29-44

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.