

REC'D AUG 3 1939

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

25568  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township St. Johns Pop. Primary Registration District No. 5414 Registered No. 69  
 (c) City Washington, Mo. (d) Street No. Route 1, Washington, Mo. 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 1 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amelia Wilhelma Pollex

(a) Residence, No. Route # 1, Washington, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Henry Pollex  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 21, 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 4 17

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. Housework  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

FATHER 13. NAME Henry Hoppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

MOTHER 15. MAIDEN NAME Henrietta Schieffler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT (ADDRESS) Mrs. Leo Kessler  
Route # 1, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 11, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co.,  
Washington, Mo.

20. FILED July 10, 1939 N. U. May  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to July 8, 1939  
 I last saw her alive on July 7, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Complications of stomach (Cecula) Reser  
(ANNULAR)

Other contributory causes of importance: Heart Reser

Name of operation Esophagus Laboratory Date of June 27, 39  
 What test confirmed diagnosis Biopsy. Was there an autopsy? Yes

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? No  
 If so, specify \_\_\_\_\_ (Signed) R. R. Cottle, M. D.  
Washington, Mo. (Address) Washington, Mo.

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.

**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, Henry W. Otto, or by \_\_\_\_\_

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

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

**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.**