

JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 21664

Township Jefferson

Primary Registration District No. 3014

Registered No. 182

City Jefferson

(No. St. Mary Hosp)

St.

Ward)

2. FULL NAME Sylvester Kenneth Meller

(a) Residence, No. Jefferson City, Mo. St. _____ Ward. _____

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 9 hrs. or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) Jefferson City (STATE OR COUNTRY) Missouri

13. NAME Sylvester M. Meller

14. BIRTHPLACE (CITY OR TOWN) Lohman, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mildred Wekamp

16. BIRTHPLACE (CITY OR TOWN) Elston (STATE OR COUNTRY) Missouri

17. INFORMANT Sylvester M. Meller (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martins Cem. DATE June 9th, 1938

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 6/9/38 A. B. Rapert, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938

22. I HEREBY CERTIFY That I attended deceased from June 5, 1938 to June 8, 1938

I last saw h. alive on June 8, 1938 Death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:

Premature birth
7 mos
15.9
Atelectasis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 Indian A. Osceola, M. D. (Signed) _____

Address Jefferson City, 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.

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NOV 1950

WALLACE W. WELLS

1000 15th St N

Minneapolis, Minn

Dear Sir:

I am writing to you

regarding the

matter of the

contract for

the purchase of

the property at

1000 15th St N

Minneapolis, Minn

as per the

contract dated

10/15/50.

I am enclosing

herewith a copy

of the contract

and a copy of

the deed for

the property.

I am sure you

will find this

information of

interest.

Sincerely,

Wallace W. Wells