

FILED DEC 25 1946

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 261

1. PLACE OF DEATH:

(a) County... COLE  
(b) City or town... JEFFERSON CITY, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. MARY'S HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 3 DAYS  
(Specify whether  
In this community... LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... COLE 26  
(c) City or town... JEFFERSON CITY, MO. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. RURAL MZBRION TOWNSHIP 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

INFANT MELLER

3. (b) If veteran, name war... NO  
3. (c) Social Security No. NO

4. Sex FEMALE / 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased... NOVEMBER 18, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 3 hr. min.

9. Birthplace... ST. MARTINS, MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name... SYLVESTER MELLER 0  
13. Birthplace... LOHMAN, MO. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name... MILDRED WEHAMP  
15. Birthplace... ELSTON, MO. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant SYLVESTER MELLER  
(b) Address R. R. # 1 JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 11/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... ST. MARTINS, MO.

18. (a) Signature of funeral director *Sylvester Meller*

(b) Address JEFFERSON CITY, MO.

19. (a) 11-23-46 (b) *R. P. Davis*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER, day 20  
year 1946 hour 12 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 18  
1946 to Nov 20 1946  
that I last saw her alive on Nov 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
*Cerebral embolism  
of fetus  
RH beta  
maternal bacteria*  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy *16.12*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature *Hein A Taylor* (M. D. or other) MD  
Address *Jefferson City* Date signed 11-22-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Date Filed 11-4-46

District File Number

District Health Officer No. 9,

RECEIVED

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..... *Sylvester Dulle*.....  
Licensed Embalmer No..... 4321.....

P. O. Address..... *Jefferson City, Mo.*.....

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, fact should be so stated above.