WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 27 1931

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

Do not use this space.

15575

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 159

City Jefferson Barracks, Mo. — U.S. Veterans Hospital, Jefferson Brks, Mo. — Ward)

2. FULL NAME William Heller.

(a) Residence, No. Boise, Idaho. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos own. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	35	6?	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman 129

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unloading ships.

10. Date deceased last worked at this occupation (month and year) 8 years.

11. Total time (years) spent in this occupation abt. 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Liberty, Iowa. 2

FATHER

13. NAME Wesley Heller.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable. 31

MOTHER

15. MAIDEN NAME Lou Buckles.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscotah, Kans. 2

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 4/25 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. L. Co 7811 S. Broadway

20. FILED April 23, 1931 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, 19, to April 23, 1931, 19

I last saw him alive on April 23, 1931, 19 Death is said to have occurred on the date stated above, at 11:22 AM.

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

Carcinoma of face. — Date of onset

52 52

Other contributory causes of importance:

Name of operation Physical, X-Ray & Laboratory findings. Date of No.

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

(Signed) W. C. Gibson, Medical Officer In Charge

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.