

JUL 14 1936

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

Do not use this space.

24872

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Lutheran Hosp**) ..... St. .... Ward)

File No. ....  
Registered No. **6527**

2. FULL NAME

**Rudolf Heine**  
(a) Residence, No. **3816 O'neara St.** ..... **15** Ward.

(Usual place of abode) ..... (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Maria Heine</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 24, 1893</b>		
7. AGE YEARS <b>42</b>	MONTHS <b>9</b>	DAYS <b>2</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>machinist</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Dairy</b>	
	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) <b>Germany</b>		
FATHER	13. NAME <b>Fred Heine</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Maria Langenfeldt</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Maria Heine 3816 O'neara Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mo. Crematory</b> DATE <b>June 29, 1936</b>		
19. UNDERTAKER (ADDRESS) <b>Beidenwirth Funeral Home 1936 St. Louis Ave</b>		
20. FILED <b>JUN 27 1936</b> <b>J. F. Brebeck</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-26-36** , 19

22. I HEREBY CERTIFY, That I attended deceased from **6-18-36** , 19, to **6-26-36** , 19.

I last saw him alive on **6-26-36** , 19. Death is said to have occurred on the date stated above, at **6:00 P.M.**

The principal cause of death and related causes of importance were as follows:  
**Perforated Gastric ulcer**

Other contributory causes of importance:  
**General Peritonitis**

Name of operation **Exploratory** Date of .....  
What test confirmed diagnosis? **Chemical** 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 **Perforated Gastric Ulcer**  
(Signed) **Heath Hansen** , M. D.  
(Address) **3657 Grandel Square**

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.

TO : SAC, NEW YORK (100-100000)

FROM : SAC, PHOENIX (100-100000)

SUBJECT: [Illegible]

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