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.

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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 133 East Grand Avenue St. ..... Ward)

File No. 3795

Registered No. 831

2. FULL NAME AUGUST HECKEL,

(a) Residence, No. 133 East Grand Avenue St., 9 Ward. 1
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frieda Heckel (Spuering)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1876

7. AGE: YEARS 60 MONTHS 3 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 191

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): St. Louis Mo. 1

FATHER

13. NAME: George Heckel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

17. INFORMANT (ADDRESS): Mrs. Frieda Heckel 133 East Grand Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE: New Bethlehem DATE: Jan. 20, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 Esat Fair Avenue

20. FILED: 19 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 A. M

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

	Date of onset
Gun shot wound in left chest self inflicted at residence.	

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? Suicide Date of injury 1/17, 1937

Where did injury occur? At residence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury .....

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Lucas, MPD.

(Address) Deputy Coroner