

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. 5207 Winsor Parkway) St. .... Ward) **15**

File No. **18547**  
Registered No. **5123**

2. FULL NAME August F. Heller

(a) Residence, No. 5207 Winsor Parkway St. **15** 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name of wife) Hannah Heller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 6 9

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station attendant.  
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) St. Louis (STATE OR COUNTRY) Missouri

FATHER  
13. NAME Fred Heller

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Lorena Laniger (ADDRESS) 2421 Rauschenbach Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Known DATE May 24, 1937

19. UNDERTAKER Leidner Undertaking Co. (ADDRESS) 1417 N. Market St.

20. FILED MAY 22 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 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 6:07 P.M.  
The principal cause of death and related causes of importance were as follows:

Gunshot wound of the forehead, self-inflicted at his residence on May 20th, 1937 at about 9:10 AM.

Other contributory causes of importance: Suicide

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 May 20, 1937

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

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

Manner of injury Gunshot wound

Nature of injury Haemorrhage

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

If so, specify Alfred J. Perry

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

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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