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

Do not use this space.

JUN 29 1937

File No. 21392

Registered No. 209

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City (No. 4706 Oldenburg St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 G

2. FULL NAME Edward J. Heller
(a) Residence, No. 4706 Oldenburg St., 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28, 1892

7. AGE: Years 44 | Months 5 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Henry, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER
15. MAIDEN NAME: Hardnocke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

17. INFORMANT: Helen M. Heller
(ADDRESS): 4706 Oldenburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE 5/20/37 19

19. UNDERTAKER: John L. Ziegenhein & Sons
(ADDRESS): 7027 Gravois

20. FILED May 19 1937 L. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to May 17, 1937
I last saw him alive on May 16, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Not Known to me

Other contributory causes of importance:
Tuberculosis Laryngitis

Name of operation none Date of
What test confirmed diagnosis? Sputum x-ray 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? no
If so, specify
(Signed) Laurence Schlenker, M. D.
(Address) 3515 S. Grand Blvd.

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.