

SEP 10 1937

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

29467

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City St. Louis ..... (d) Street No. City Hospital ..... Registered No. **8100** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 36 yrs. 4 mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert J. Heller

(a) Residence, No. 1018 Sidney St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 11th, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
31 33 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper  
 9. Industry or business in which work was done, as 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, Mo.

FATHER 13. NAME Jacob Heller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Anna Kunz  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Bernice Zimmerman  
(ADDRESS) 3923a Palm St.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Aug. 30th, 193719. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2531 S Broadway20. FILED AUG 28 1937 J. P. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26th, 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:

Shot wound in shoulder penetrating chest and lung cavity. Hemorrhage, suffered while shot by police officer Leslie Paine and Chas. Harrington in performance Date of onset

Other contributory causes of importance:  
of their party Aug 23 1937  
about 11.0 P.M. in front of  
4317 Paris Ave.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Just Justice Date of injury 8/23, 1937  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot  
 Nature of injury hemorrhage

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Alfred Perry M.D.  
 (Signed) Alfred Perry  
 (Address) 1018 Sidney St.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by SM

L. E.

No. 2645 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank J. Hyland  
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)