APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County St Louis — Registration District No. 791 (St Louis City)

Township — Primary Registration District No. 1003

City Mo (No. 5640 Walada Ave; Ward) — Detroit Hospital

File No. 10229

Registered No. 2795

2. FULL NAME Floyd Kesterson

(a) Residence, No. 5633 Janet St., N.R. Ward. Jennings Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Veronica Hetzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station

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

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) Frankfort Ind.

FATHER

13. NAME Herman Kesterson

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

MOTHER

15. MAIDEN NAME Fancy

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

17. INFORMANT (ADDRESS) Veronica Kesterson 5633 Janet

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3-13 1937

19. UNDERTAKER (ADDRESS) Sullivan 5849 Euclid

20. FILED MAR 12 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1937

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

I last saw him alive on 3-10, 1937. Death is said to have occurred on the date stated above, at 9:23 a.m.

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

	Date of onset
Haemorrhage due to Gun Shot Wound in chest Perforating heart & Lung caused by bullet fired from gun in the hands of one Thomas Hetzel at 5640 Walada about 9:22 A.M. March 10th 1937 Homicide	

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? Homicide Date of injury 3/10, 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. Home

Manner of injury .....

Nature of injury Gunshot

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

If so, specify .....

(Signed) Joseph M. Zumm, 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.