V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23078

FILED AUG 8 1944 318 1005

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 6688

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
In this community 16 yrs. 3 mos. 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis, 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 North Newstead
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0.

3. (a) PRINT FULL NAME Norvelle Earl Hester

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-22-2707

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25, 1928
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
16	3	3	hr. min.

9. Birthplace Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name Clarence Hester
13. Birthplace Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estelle Pryor
15. Birthplace CHester, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estelle Hester
(b) Address 1114 North Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JUL 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating gunshot wound - right upper chest, severing right sub clavian artery, injuries

Due to the hands of James Lafayette Price at Wheeler and Fagnan

Due to Ave. about 10:10 pm. July 27 1944

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ 166

Of autopsy ✓

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence July 27 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury as above

23. Signature Alfred J. Werry (M. D. or other)

Address 1300 Clark Avenue Date signed 8/5/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.)

If this body is not embalmed, fact should be so stated above.