APR 25 1935

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

Do not use this space.

10378

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 333

Township: Ferguson Twp. — Primary Registration District No.: 4468

City: Robertson, (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 32

2. FULL NAME Esteria Gaston

(a) Residence: No. ..... St., ... Ward. Robertson, 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)
female	colored	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/25/1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	15	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: school girl

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): unknown Mississippi

FATHER

13. NAME: Ronnell Gaston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Miss.

MOTHER

15. MAIDEN NAME: Hattie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Mississippi

17. INFORMANT (ADDRESS): Ronnell Gaston

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park DATE: 3/16/35, 19

19. UNDERTAKER (ADDRESS): Anchor 1027 N. Whittier St.

20. FILED: Mar 16, 1935 W. E. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/11/35, 19

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 11:30AM

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

	Date of onset
Suicide while in fit of anger because of disagreement with smaller children and correction of mother. Became extremely angry and knowing where the father's gun was on the shelf, went in the bedroom, got revolver and shot self in chest.	

Other contributory causes, if any, or complications: XXXXXXXXXXXXXXXX

Name of operation: OVER Date of: .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? .....

If so, specify: .....

(Signed) Luke B. Timon, M. D. 3/13/35

(Address) 3718 Finney Ave., St. Louis Co., Mo.

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.

Bullet entering near left nipple, and taking exit just to the right of the spine, at the 8th rib and penetrated heart, right lower lobe of lung.

Secondary; Hemato -pericardium and hematothorax and shock. Patient died immediately.