V.S. No. 2
M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25762

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1676

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town So. Kinloch Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Carson Near Stanza.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Romeo Shirers Jr.
3. (b) If veteran, name war None
3. (c) Social Security No. 492-24-8127
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 11 (Month) 27 (Day) 1928 (Year)

8. AGE: Years 15 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Swan Lake (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business Allohaff
12. Name Romeo Shirers (FATHER)
13. Birthplace Hazelhurst Co. (City, town, or county) Miss. (State or foreign country)
14. Maiden name Annie Woodards (MOTHER)
15. Birthplace Hines Co. (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Ida Ruth Shirers
(b) Address Carson & Stanza So. Kinloch
17. (a) Washington Park (Burial, cremation, or removal) (b) Date thereof 8 (Month) 10 (Day) 44 (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director Boyd Bros Funeral.
(b) Address Lily & Stanza So. Kinloch Mo.
19. (a) AUG 9 - 1944 (Date received local registrar) (b) E. S. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1944 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Drowned while swimming in a quarry. — Duration
Due to Drowning.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes.

183-3
36

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) Accident. 096
(b) Date of occurrence August 5, 1944
(c) Where did injury occur? Vigus, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Quarry, rented for outing. (Specify type of place)
While at work? (e) Means of injury 3
(Signature) Thomas J. Vaughn Coroner (Title)
Address Clayton, Mo. 8-7-44 Date signed

707 (Licensed Embalmer's Statement on Reverse Side)

SEP 22 1944

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis V Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.