S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36644

Registration District No. 317 | Primary Registration District No. 4467 | Registrar's No. 2295

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 41 Boyd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Several years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No.: 41 Boyd St. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sarah Elizabeth Hicks
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: George V.
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: October 12, 1856 (Month) (Day) (Year)

8. AGE: Years 89 91 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Clinton City, Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: James Rogers
13. Birthplace: Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Milly Raines
15. Birthplace: Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Arthur Marting
(b) Address: 41 Boyd St., Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Manchester M.E. Cemetery

18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr., Kirkwood

19. (a) 11-3-47 (Date received local registrar) (b) Earl C. Hoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 30
year: 1947 hour: 8 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Oct 3, 1947, to Oct 30, 1947, that I last saw her alive on Oct 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury:

23. Signature: Royal C. McLean M.D.
Address: Kirkwood Mo. Date signed: 10/31/47

Jefferson City Printing Co.

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) Mo

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.

. S. No. 2B
00—4-25-41
I X27852

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

NOV 6 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. *Registrar's No.*

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Valley Park, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 41 Boyd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No.: 41 Boyd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sarah Elizabeth Hicks
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: George V.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 12 (Day) 1858 (Year)
8. AGE: Years 89 Months 0 Days 18 If less than one day: hr. min.
9. Birthplace: Clinton City (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
MOTHER FATHER
12. Name: James Rogers
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Milly Raines
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Archie Martin
(b) Address: 41 Boyd St. Valley Park, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Manchester M.E. Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

36644