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.

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

Do not use this space.

30706

File No.

Registered No. 8381

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 4664 Greer av St. Ward)

2. FULL NAME Winnie Orrock

(a) Residence, No. 4664 Greer ave St., 10 Ward.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward J Orrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 8 1870

7. AGE: YEARS 61 MONTHS 10 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): Ills. 2

FATHER

13. NAME: John Conboy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 1

MOTHER

15. MAIDEN NAME: Ann McAnally

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Edward J Orrock 4664 Greer a

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Sept 20th 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash St.

20. FILED SEP 19 1932 19 Max C Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1932, to Sept 17, 1932

I last saw her alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 7 P.m.

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

Chronic Nephritis Parenchymatous 131 92P 131 (1)

Date of onset: May 1932

Other contributory causes of importance: Heart Disease Valvular Incompetency

Name of operation: No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) M. A. Crees, M. D.

(Address) 2626 Glasgow Av