No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3348

State File No. 0

FILED JAN 21 1948

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 158

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 N. Taylor Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 418 N. Taylor Ave 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Brent Orrick
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 27 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	20	..... hr. ..... min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Alex Orrick
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Brent
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Donovan
(b) Address 446 N. Kirkwood Rd. Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 1-19-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 1 day 17
year 1948 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from July, 1945, to Jan 16, 1948;
that I last saw her alive on Jan 16, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 2 yrs.

Due to 93d

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) 0
While at work? (e) Means of injury

23. Signature D. S. Wirth (M. D. or other) MD
Address Kirkwood Mo Date signed 1-19-48

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 me

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.