

FILED APR 19 1943 318
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4111 Finney Avenue (If rural, give location) 9 11 /
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rachel Dorkins

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 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 May 18 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 12 hr. min

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Maid

11. Industry or business Private Family

12. Name Simmie S. Dorkins

13. Birthplace Unknown 9

14. Maiden name Lucy (City, town, or county) (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bank Dorkins

(b) Address 3521a Lawton Avenue

17. (a) Burial Date thereof 4-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 4107 Finney Avenue

19. (a) APR 1 1943 (Date received local registrar's)

J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30,
year 1943 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 14, 1943 to March 30, 1943; that I last saw h. er alive on March 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days

Due to 107

Other conditions Schizophrenia Unk.
(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 3/31/43

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.....

William McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No. 2114.....

P. O. Address 1711 North Taylor.....

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.