

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6016

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1484**

1. PLACE OF DEATH a. COUNTY None		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 Belle Glade		d. STREET ADDRESS (If rural, give location) 1708 Belle Glade Avenue	

3. NAME OF DECEASED (Type or Print) Otean			a. (First)			b. (Middle)			c. (Last) DORKINS			4. DATE OF DEATH Feb. 11, 1951			
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 14, 1910		9. AGE (In years last birthday) 40		# UNDER 1 YEAR Months Days		# UNDER 1 MIN. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Cleaner				10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.				11. BIRTHPLACE (State or foreign country) Friars Point, Miss.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ed. Mosby			13b. MOTHER'S MAIDEN NAME Savannah Young			14. NAME OF HUSBAND OR WIFE Sank Dorkins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. ---			17. INFORMANT'S SIGNATURE OR NAME Sank Dorkins			ADDRESS 1708 Belle Glade Ave		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix						June 1950 to 2-11-51	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 8-15-50		19b. MAJOR FINDINGS OF OPERATION Stage III Carcinoma of cervix						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 191X					

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Royall W. Dill (Degree or title) M.D.			23b. ADDRESS 462 N. Taylor (through) No.			23c. DATE SIGNED 2-13-51					
24a. BURIAL/CREMATION REMOVAL (Specify) Burial		24b. DATE 2/15/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, St. Louis, County Mo.		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. FEB 14 1951			REGISTRAR'S SIGNATURE J. B. Lanter			25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates			ADDRESS 4107 Finney Ave.		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John K. Cunningham

Signed
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.