

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

Do not use this space.

34988

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Townsh \_\_\_\_\_ Primary Registration District No. **1008**  
 City **St. Louis Mo.** (No. **Rutherson Hosp**)

File No. \_\_\_\_\_  
 Registered No. **10407**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** **Fred Mackensen**

(a) Residence. No. **1239 So. 8th St.** St. **22** 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 10 - 1930.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from **August 1930**, to **October 1930**, that I last saw him alive on **October 19, 1930**, and that death occurred, on the date stated above, at **1: P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 7 - 1851.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**79** **9** **3**

**circumference of Prostate**  
**510** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Retired**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Teacher**  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) **Senility**  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH **St. Louis**

10. NAME OF FATHER **Unknown**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? **no**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory**  
 (Signed) **Flavia Sutton** M. D.

12. MAIDEN NAME OF MOTHER **Unknown**

**10/11**, 19**30** (Address) **3405 California**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT **Mary Mackensen**  
 (Address) **1239 So. 8th St.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cordonia Cem.** DATE OF BURIAL **10-12-1930.**

15. FILED **NOV - 3 1930** **Max E. Stentz** REGISTRAR

20. UNDERTAKER **Ziegenhein Bros. 2623 Cherokee**  
 ADDRESS \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

