

MAR 2 1935

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

Do not use this space.

3878

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 6248B Registered No. 36  
 City Jefferson Barracks, Mo. Veterans Administration Facility St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benjamin P. Mager

(a) Residence, No. 4009 Lindell Apt. 101 St. \_\_\_\_\_ Ward St. Louis, Missouri  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Un yrs. kno mos. Wn ds. How long in U.S., if of foreign birth? - yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lelia Mager</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 22, 1885</b>		
7. AGE	YEARS	MONTHS
	<b>49</b>	<b>5</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Collector of Revenue</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Cryptographer</b>		
10. Data deceased last worked at this occupation (month and year) <b>Unavailable</b> Time (years) spent in this occupation <b>Unavailable</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>		
13. NAME <b>Philip Mager</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>		
15. MAIDEN NAME <b>Margaret Eberhardt</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Boonville Missouri</b>		
17. INFORMANT <b>W. C. Gibson, M. D.</b> (ADDRESS) <b>Vet. Adm. Facility, Jeff. Barracks, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Valhalla Cemetery Jan 25 1935</b>		
19. UNDERTAKER <b>C. R. Lupton &amp; Sons Morticians</b> (ADDRESS) <b>4449 Olive, St. Louis, Missouri</b>		
20. FILED <b>Jan 24 1935 G. Mowery Registrar</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 22, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **August 11, 1934** to **January 22, 1935**  
 I last saw him alive on **January 22, 1935**. Death is said to have occurred on the date stated above, at **12:05 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Myocarditis with hypertrophy and dilatation.** Date of onset **Unkn.**  
**Hypertension.**  
 Other contributory causes of importance:  
**V.H.D. Aortic insufficiency.**

Name of operation **None** Date of \_\_\_\_\_  
 History, physical, x-ray, laboratory findings, clinical manifestations. What test confirmed diagnosis? \_\_\_\_\_ 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) **W. C. GIBSON, Chief Med Officer, M. D.**  
 (Address) **Vet. Adm. Facility, Jeff. Barracks, Mo.**

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.

