

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

Do not use this space.

DEC 4 1936

1. PLACE OF DEATH
 County St Louis Registration District No. 1770
 Township _____ Primary Registration District No. 1771
 City Richmond Heights (No. 1030 Francis Place) St. _____ Ward _____

2. FULL NAME Dorothy Mackensen
 (a) Residence, No. 1030 Francis Place St. _____ 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.

39982

File No. _____
 Registered No. 251
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Mackensen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>26</u>	<u>11</u>	<u>--</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Kansas

FATHER 13. NAME Ernest A Benkendorf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watertown Wis

MOTHER 15. MAIDEN NAME Grace E Walsh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Kansas

17. INFORMANT Fred Mackensen
 (ADDRESS) 1030 Francis Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Winfield Kansas DATE Oct 21, 1936

19. UNDERTAKER Residenzien Emmael Kamm, Inc.
 (ADDRESS) 1936 St Louis Ave

20. FILED Oct. 19, 1936 Sam A. Bassett
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1936 to 10/18, 1936
 I last saw her alive on 10/18, 1936 Death is said to have occurred on the date stated above, at 12:17 P M

The principal cause of death and related causes of importance were as follows:
 Date of onset

Acute Endocarditis
Bacterial
Embolic to Brain
 1934?
 1936

Other contributory causes of importance:
Chronic Valvular Disease
Rheumatic??

Name of operation _____ Date of _____
 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 _____

Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Sam A. Bassett M. D.
 (Address) Richmond Heights

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

