

MAR 5-1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. St. Lukes Hosp.) St.          Ward)         

File No. 8216  
Registered No. 1005

2. FULL NAME James Frederick Mackensen

(a) Residence, No. 424 Oakley Dr., Clayton, Mo. Ward. NR  
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec., 14 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 1 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Richmond Heights  
(STATE OR COUNTRY) Mo.13. NAME Fred Mackensen14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.15. MAIDEN NAME Dorothy Benkendorf16. BIRTHPLACE (CITY OR TOWN) Winfield, Kansas.  
(STATE OR COUNTRY)17. INFORMANT Fred Mackensen  
(ADDRESS) 424 Oakley Dr. Clayton18. BURIAL, CREMATION, OR REMOVAL  
PLACE Concordia DATE Feb. 8 193719. UNDERTAKER Benderwider Funeral Home Inc.  
(ADDRESS) 1936 St. Louis ave.20. FILED          19           
W. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Feb 6, 1937  
Last saw him alive on Feb 6, 7 PM, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Brain Abscess (Cerebellar)  
Cause Unknown  
Other contributory causes of importance:  
78  
Date of onset 1-20-37  
Names of operation Craniotomy Date of 1-22-37  
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? No.If so, specify           
(Signed) R. E. Crigler M. D.  
(Address) St. Lukes Hospital

FEB 9 1937

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.

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