

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

Do not use this space.

22516

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **May. Pac. Hospital**) St. **12** Ward **6722**

**2. FULL NAME**

(a) Residence, No. **Forest Park Hotel** St. **12** Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Laura Jackson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**About 56**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Sup. & Trans. P. & O.**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Laibore**  
 (c) Name of employer **Mo. Pac. RR**

9. BIRTHPLACE (CITY OR TOWN) **Spice Route**  
 (STATE OR COUNTRY) **Indiana**

10. NAME OF FATHER **John Jackson**

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

12. MAIDEN NAME OF MOTHER **Unknown Smith**

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

14. INFORMANT **Mrs. Laura Jackson**  
 (Address) **Forest Park Hotel St. Louis**

15. FILED **1 27 1928** **Max C. Starbuck**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-26-28**

17. I HEREBY CERTIFY That I attended deceased from **6-23-28** 19**28**, to **6-26-28** 19**28**, that I last saw him alive on **6-26-28** 19**28**, and that death occurred, on the date stated above, at **8-a** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Acute Intestinal**  
**122B, Obstruction**  
**11/62** (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) **Obstruction of**  
**Intestines due to some unknown**  
**cause** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **6-16-28**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **at operation**  
 (Signed) **J. B. Guggen, M. D.**  
**6-26-1928** (Address) **1755 S. Grand**

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Deserover Colo.** DATE OF BURIAL **6-30-1928**

20. UNDERTAKER **Peety Bros. 3029 Lafayette** ADDRESS

WRITE IN INK, 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.

