FEB 27 1934

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 File No. 3252

Township ..... Primary Registration District No. 1003 Registered No. 912

City St. Louis (No. Mo. Baptiste Hospital St. ..... Ward)

2. FULL NAME Emma B. Jackson

(a) Residence, No. 2526 Belt Ave. St., 6 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: 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: Lou A. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1861

7. AGE: YEARS 72 MONTHS 7 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): St. Louis, Mo.

FATHER

13. NAME: W. O. Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Hanna Belding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Lou A. Jackson 2526 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. Jan. 27th 1934

19. UNDERTAKER (ADDRESS): Drehmann Hanal 1905 Union Blvd.

20. FILED ..... 1934, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13th 1934, to Jan 24th 1934
I last saw her alive on Jan 24 34 19 ..... Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendix & Abscess	1/11/34
121A	
121B	
121C	
121D	

Other contributory causes of importance: Intestinal obstruction Acute Bronchitis

Name of operation Laparotomy & Drain Date of 1/27/34
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) Harry A. Meyer, M. D.
(Address) 4903 Delmar

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.

Dr Meyer
Roosevelt Hotel Bldg
10-12

JAN 17 1947