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

Do not use this space.

10959

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2783

City St Louis (No. 2717 Lucas Ave St. ..... Ward)

2. FULL NAME Routiena Allen

(a) Residence. No. 2717 Lucas St., 21 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Elias Allen

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

7. AGE: Abt 30 YEARS | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe LA.

PARENTS

10. NAME OF FATHER: Ben Swan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe LA
12. MAIDEN NAME OF MOTHER: M. Murray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe LA.

14. INFORMANT: Elias Allen
(Address) 2717 Lucas Ave

15. FILED ....., 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to March 9, 1928, that I last saw her alive on Mar 8, 1928, and that death occurred, on the date stated above, at 3.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Stanley Cernik, M. D

, 19 (Address) 2335 Franklin

*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: Monroe La
DATE OF BURIAL: 3/12 1928

20. UNDERTAKER: C. W. Roberts Und. Co.
ADDRESS: 3035 Lucas Ave.

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.