

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

Do not use this space.

14278

**1. PLACE OF DEATH**

County..... Registration District No. 781  
Township..... Primary Registration District No. 1003  
City ST. LOUIS MO. (No. 4161 PECK ST.) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3617

**2. FULL NAME ELLEN ROUTLEDGE.**

(a) Residence. No. 4161 PECK ST. St. 10 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 WHITE. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/28/1865.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 1 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. HOUSEWORK.  
(b) General nature of industry, business, or establishment in which employed (or employer). SELF.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS.  
(STATE OR COUNTRY) MISSOURI.

10. NAME OF FATHER EVAN LEWIS.  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) ENGLAND.  
12. MAIDEN NAME OF MOTHER MARY JONES.  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) OHIO.

14. INFORMANT Charles Routledge Jr.  
(Address) 4161 Peck St.

15. FILED \_\_\_\_\_ 19 1930 May 21 Starkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/9/30. 19 \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19 30 to 4/9/30, 19 30 that I last saw him alive on 4/7/30, 19 30, and that death occurred, on the date stated above, at FOUR. 4 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*[Handwritten medical notes and signature]*

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) \_\_\_\_\_ M. D.

19 (Address) \_\_\_\_\_

\*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 FRIEDENS CEMETERY. DATE OF BURIAL 4/11/30  
ADDRESS 3710 N. Grand

UNDERTAKER Provost Med. Co

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.

