

Physicians are reminded of the importance of filling out these Certificates with accuracy. They are the basis of the Mortuary Statistics of the City.

BURIAL CERTIFICATE.

No. 3512

ST. LOUIS.

This Certificate must be fully and accurately filled out in ink, provided by Sec. 385, Art. 9, Chap. 14, Revised Ordinances 1887.

Name of Deceased W. J. Ester

Age, 36 Years, _____ Months, _____ Days.
Male White Colored Married { Cross out the words not required.

Occupation P. A. Agent

Place of Birth, Germany Length of Residence in St. Louis, 1 day

Place of Death, No. McParry Hospital

Exact Locality of Death. { Block. { North by _____ St. East by _____ St.
BOUNDED. { West by _____ St. South by _____ St.

City Ward No. 4 25

Date of Death June 13

Cause of Death Congestive Fever

I CERTIFY that I attended the person above named in his last illness, who died of the disease stated, on the date above named.

James Washington M. D. Address McParry Hospital

Place of Burial Bellaire Elys

Hoffmeister & Co. Undertaker.

OFFICE HEALTH DEPARTMENT

St. Louis, Mo. June 14th 1890

I CERTIFY that I have examined this Certificate, and find it to accord with the requirements of the City Ordinances and Charter.

W. J. Gluckhahn M.D.
Health Commissioner.
Clerk of Health Commissioner and Board of Health.

Persons receiving Burial Certificates without the signature of the Commissioner or his Clerk, will subject themselves to a fine, as provided by Revised Ordinances 1887.

*In filling out the above Certificate, Physicians are earnestly requested to conform strictly to the Nomenclature printed on the back.

IF THIS CERTIFICATE IS NOT PROPERLY FILLED OUT, IT WILL NOT BE RECEIVED OR SIGNED.