

Series 189

City of St. Louis
Health Department

No. 6122

(DUPLICATE.)

BURIAL CERTIFICATE.

This Certificate must be fully and accurately filled out in ink as provided by Section 392 Revised Ordinance, 1893.

Name of Deceased *Philip Sott*
Age *45* Years *8* Months *3* Days Occupation *Harness maker*
Male ☒ Female ☐ White ☒ Colored ☐ Single ☒ Married ☐ Widowed ☐ (Cross out the words not required.)
Place of Birth *St. Louis* Time of Residence in St. Louis *Lifetime*
Place of Death, No. *1211 Biddle St*
Exact Locality of Death: City Block *563* North by *O'Fallon St.* East by *12 St.*
Ward No. *15* No. *563* West by *11 St.* South by *Biddle St.*
Date of Death *September 4 - 94*
Cause of Death *congestion of the liver*
(In filling out the above line physicians are especially requested to conform strictly to the Nomenclature printed on the back hereof.)

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

H. F. O'Donoghue M.D.
Address *Blain & O'Fallon*

Place of Burial *Calvary*
Braunschweig & Hausmann Undertaker.

OFFICE HEALTH DEPARTMENT

St. Louis, Mo.,

Sept. 5 1894

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

Health Commissioner.

Clerk Health Commissioner and Board of Health.

Sextons receiving Burial Certificates without the signature of the Commissioner or his Clerk will subject themselves to a fine, as provided by Revised Ordinance, 1893.