

BURIAL CERTIFICATE.

No. 0824

ST. LOUIS.

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

Name of Deceased *Mary, Theresa Lott.*

Age, *42* Years *3* Months *3* Days.

~~Male~~
Female.

White.

~~Single~~
Married.
~~Widowed~~

[Cross out the words not required.]

Occupation *housewife.*

Place of Birth *Flornant, Ind.* Length of Residence in St. Louis *12 years.*

Place of Death, No. *1221 N. 13th*

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

City Ward No. *10*

Date of Death *September 14, 1892.*

Cause of Death* *Peritonitis (due to tumor).*

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

F. O. Kauffman M. D.

Address, *1612 N. 13th*

Place of Burial

Salvage

John C. Bunker Undertaker.

OFFICE HEALTH DEPARTMENT.

St. Louis, Mo.

Sept 16 1892

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

Health Commissioner.

Clerk of 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 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.