

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. 6887

## 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 Joseph Robins

Age, 54 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Male \_\_\_\_\_ White \_\_\_\_\_ Single \_\_\_\_\_  
Female \_\_\_\_\_ Colored \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_

{ Cross out the words not required.

Occupation \_\_\_\_\_

Place of Birth Austria Length of Residence in St. Louis, 30 years

Place of Death, No. 2708 Keffingwood

Exact Locality of Death. { Block. { North by St. Louis St. East by Missouri St.  
BOUNDED. { West by Keffingwood St. South by Marquette St.

City Ward No. 24

Date of Death Oct 16/90

Cause of Death\* Gastritis

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

L. J. Meyer M. D.

Place of Burial Calvary

Address 2718 St. Bernard

OFFICE HEALTH DEPARTMENT

St. Louis, Mo.

Oct 18 1890

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

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.