

Health Department

BURIAL CERTIFICATE.

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

Name of Deceased Wm Dale
Age 67 Years... Months... Days...
Male. ☒ Female. ☐ White. ☒ Colored. ☐ Married. ☐ Occupation Retired
(Cross out the words not required.)

Place of Birth England Time of Residence in St. Louis 2
Place of Death, No. 3059 Sheridan Ave
Exact Locality of Death { City Block { North by {
Ward No. 22 { No. { West by { St. East by { St.
St. South by { St.

Date of Death Nov. 29 1895
Cause of Death Pneumonia
(In filling out the above four Physicians are earnestly requested to sign their names directly to the Superintendent printed on this form before)

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

Wm Dale M. D.
Address 736 Lafayette
Place of Burial Wilton

LEONER - THROSTLE L. & U. CO. Undertaker.

OFFICE HEALTH DEPARTMENT

St. Louis, Mo., Nov. 30 1895

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

Health Commissioner

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.



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