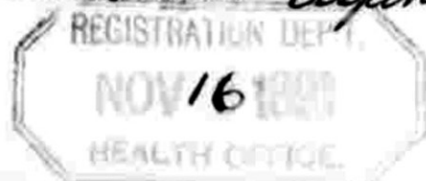


RETURN OF A DEATH
IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.

9778

1. Name of Deceased, *Theodore Bonweiser*
2. Color, *white*
3. Sex, *male*
4. Age, *Fifty five years*
5. Married or Single, *married*
6. Date of Death, *Nov-16-1891*
7. Cause of Death, *Aspiratory Pneumonia (after a Laryngectomy)*



Residence,

J. Solis Cohen M. D.
1431 Walnut St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Merchant*
9. Place of Birth, *St Louis Mo*
10. When a Minor, { Name of Father, _____
Name of Mother, _____
11. Ward, *In*
12. Street and Number, *St Agnes Hospital Broad & Ruffin*
13. Date of Burial, *Nov 16/91*
14. Place of Burial, *Cass Church N. J.*

Jens Good Undertaker.
Residence, *921 Spruce St.*

This constitutes one Certificate. To be returned, by the Superintendent of Cemetery, to Health Office, on Saturday of each week, before 12 M.