

No. 5683

# BURIAL CERTIFICATE

## ST. LOUIS.

This Certificate must be fully and accurately filled out in ink, provided by Sec. 885, Art 9, Chap. 14, Revised Ordinances 1887.

Name of Deceased

*John Gorman*

Age

*20*

Years

Months

Days

Male

White

Single

~~Married~~

~~Widowed~~

{ Cross out the words not required.

~~Female~~

~~Colored~~

Occupation

Place of Birth

*America*

Length of Residence in St. Louis

Place of Death, No.

*1409 North 23<sup>d</sup> St.*

Exact Locality of Death

Block. { North by \_\_\_\_\_ St. East by \_\_\_\_\_ St.  
BOUNDED. { West by \_\_\_\_\_ St. South by \_\_\_\_\_ St.

City Ward No. *14*

Date of Death

*September 9<sup>th</sup> 1889*

Cause of Death\*

*Pulmonary Infiltration*

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

*Thomas O'Rielly M.D.*

Address *No. 602 St. 17<sup>th</sup> St*

Place of Burial

*Cabary Cem*

*Cellman JMB* Undertaker.

OFFICE HEALTH DEPARTMENT,

St. Louis, Mo. *Sept. 11* 188*9*

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

*W.L. Dierhahn* 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.

*Rosanna Gornaly 516 Sec. 7.*