

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

12887

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.

- 1. Name of Deceased, *Alfred C. W. Haltach*
 - 2. Color, *White*
 - 3. Sex, *—*
 - 4. Age, *54th year*
 - 5. Married or Single, *Married*
 - 6. Date of Death, *27th Inst*
 - 7. Cause of Death, *Bright's Disease (Kidney)*
- Wm Stiles* M. D.

Residence, *1939 Fairmount Ave*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 8. Occupation, *—*
 - 9. Place of Birth, *Burke Co Pa*
 - 10. When a Minor, { Name of Father, *—*
Name of Mother *—*
 - 11. Ward, *29th*
 - 12. Street and Number, *1753 Bamby St*
 - 13. Date of Burial, *Dec 29th 1895*
 - 14. Place of Burial, *Mount Peace Cem*
- Wm Helverson & Co* Undertaker.

Residence, *471 Nth 10th St*