

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE.

(TO BE FILLED OUT AND SIGNED BY THE PHYSICIAN.)

Name of Deceased *Henry Overwein*
 Color *White* Sex *Male* Age *67 years*
 Married, ~~Single, Widow or Widower~~
 Duration of Last Illness *About 12 days*
 Date of Death *May 1st 1889*
 Cause of Death, { Remote or Predisposing *Pneumonia*
 Immediate *Asthenia*
Jno. M. Blau M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

UNDERTAKERS ARE ESPECIALLY REQUESTED TO HAVE BLANKS FILLED OUT IN FULL.

Occupation *Bricklayer*
 Place of Birth *Germany*
 Residence *5* Ward *Berry* Street, No. *20*
~~Tenement or~~ Private Residence
 Time of Residence in the City *30 years*
 Place of Previous Residence
 When a Minor, { Name of Mother
 Name of Father
 Nativity of { Mother
 Father
 Place of Intended Interment *Mother of God Old*
 Date of Intended Interment *May 4 1889*
Jno. M. Blau Undertaker
 Date of Certificate *May* Residence *615*

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A.M. and 12 M., and from 2 to 5 P.M.