

BURIAL CERTIFICATE

No. 950

ST. LOUIS.

This Certificate must be fully and accurately filled out, as provided by Ordinance 10,329, approved July 17, 1877.

Name of Deceased James Burton

Age, 29 Years, 8 Months, 28 Days

~~Male~~ White ~~Female~~ ~~Colored~~ ~~Single~~ ~~Married~~ } Cross out the words not required.

Occupation Religious of the Sacred Heart

Place of Birth Chicago Length of Residence in St. Louis, 3 years

Place of Death, No. Convent of the Sacred Heart S. of Meramec St. bet.
Wilmington road and Nebraska av.

Exact Locality of Death } Block, } North by St. East by St.
} BOUNDED. } West by St. South by Ocala St.

City Ward No. 22^d

Date of Death 13th February 1882

Cause of Death* Phthisis Pulmonalis

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

Thomas O'Rilly M. D.
Address No. 602 N. 18th Street

Place of Burial Calvary
Geo N Lynch Undertaker.

OFFICE HEALTH DEPARTMENT,
St. Louis, Mo., Feb 14th 1882

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

[Signature] Health Commissioner.
Clerk of Health Commissioner and Board of Health.

*Sextons receiving Burial Certificate without the signature of the Commissioner or his Clerk, will subject themselves to a fine, as provided by Ordinance 10,329.

*In filling out the above Certificate, Physicians are earnestly requested to conform strictly to the Nomenclature printed on the back.