

RETURN OF A DEATH
IN THE CITY OF PHILADELPHIA.

17282

Physician's Certificate.

1. Name of Deceased,
2. Color,
3. Sex,
4. Age,
5. Married or Single,
6. Date of Death,
7. Cause of Death,

Nathan Berkenstock,

White,

Male

68 yrs,

Married.

Feb. 28th 1900,

Interstitial Nephritis,

Louis Weber, M. D.

Residence, *2812 Oxford St.*

This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the physician issue a duplicate it must be distinctly marked "Duplicate," and state why issued.

Undertaker's Certificate in Relation to Deceased.

8. Occupation, *Merchant*
9. Place of Birth, *Penna*
10. When a Minor, { Name of Father,
Name of Mother,
11. Ward, *3rd*
12. Place of Death, Street and Number, *2813 Diamond St*
13. Buried from, Street and Number, " " "
14. Date of Burial, *Feb 27-1900*
15. Place of Burial, *Met. Place*

Walter Ervey Undertaker.

Residence, *2809 Diamond St*

Undertakers must state the place of death; the place from which the deceased is to be buried may be added, if desired.