

This Constitutes one Certificate, to be returned to the Health Office on Saturday of each week, before 12 M.

21857

# RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA

## CORONER'S CERTIFICATE.

- Name of deceased, *John W. Holland St.*
- Color, *White*
- Sex, *Male*
- Age, *40 years*
- Married or single, *Married*
- Date of Death, *April 10<sup>th</sup> 1901*
- Cause of Death, *Rupture of Aneurysm*

*Thomas Dugan* Coroner.  
*Per Edgar*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation, *Coachman*
- Place of Birth, *W. I.*
- When a Minor { Name of Father,   
Name of Mother,

11. Ward, *33<sup>rd</sup>*  
12. Street and Number, *2843 N. 2<sup>nd</sup> St*

- Date of Burial, *April 14<sup>th</sup> - 1901*
- Place of Burial, *W. P. Greenwood*  
*Schuyler House* Undertaker.

Residence, *6<sup>th</sup> Diamond St*