

**RETURN OF A DEATH**  
**IN THE CITY OF PHILADELPHIA.**  
**PHYSICIAN'S CERTIFICATE.**

22410

1. Name of Deceased, *Joseph N. Rostall*
  2. Color, *White*
  3. Sex, *Male*
  4. Age, *47 years*
  5. Married or Single, \_\_\_\_\_
  6. Date of Death, *April 18th. 1894*
  7. Cause of Death, *Wraemia*
- James G. Strick* M. D.
- Residence, *4632 Chestnut Ave.*

**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

8. Occupation, \_\_\_\_\_
  9. Place of Birth, *Chila. Pa.*
  10. When a Minor, { Name of Father, \_\_\_\_\_  
 { Name of Mother \_\_\_\_\_
  11. Ward, *27th. Ward.*
  12. Street and Number, *1011 S. 49th. St.*
  13. Date of Burial, *April 21st. 1894.*
  14. Place of Burial, *Woodlands Cemetery.*
- R. R. Bringham* Undertaker.
- Residence, *38 W. 11th. St.*

*per J. M. S.*