

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

15276

RETURN OF A DEATH

◆ IN THE CITY OF PHILADELPHIA ◆

CORONER'S CERTIFICATE.

1. Name of deceased, George Keibel
2. Color, white
3. Sex, male
4. Age, 46 years
5. Married or single, widower
6. Date of Death, Jan 22nd 1896
7. Cause of Death, Myocardic acc me from a fall

J. H. Ashbridge Coroner.

Personal

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, Clerk
9. Place of Birth, Pateron N.J.
10. When a Minor { Name of Father, _____
Name of Mother, _____

11. Ward, 20th Ward

12. Street and Number, 1549 26 13 St

13. Date of Burial, Jan. 25-

14. Place of Burial, Levering Cem

D. W. Suffer

Undertaker.

Residence, 145 26 13 St