

PHYSICIANS ARE REMINDED OF THE IMPORTANCE OF MAKING OUT THESE CERTIFICATES WITH ACCURACY. THEY ARE THE BASIS OF MORTUARY STATISTICS OF THE CITY. IF NOT PROPERLY FILLED IN THEY WILL NOT BE ACCEPTED OR SIGNED.

CITY OF ST. LOUIS		No. of Burial Permit.	
Health Department.		11120	
CERTIFICATE OF DEATH			
This Certificate Must be Fully and Accurately Filled Out in Ink as Provided by Section 526, Revised Ordinance, 1909.			
Name of Deceased <u>Carolina Scholt</u>			
Color:	Sex:	Conjugal Condition:	
WHITE. BLACK (Negro or Mixed). INDIAN. CHINESE. JAPANESE.	Males. FEMALE.	MARRIED. SINGLE. WIDOWED. DIVORCED.	
NOTE.—Strike out words not applicable.			
Date of Death	Year <u>1908</u> Month <u>Dec</u> Day <u>30</u>	Of Birth	Year <u>85</u> Month <u>11</u> Day <u>15</u>
Occupation	(Return occupation for all persons 10 years of age and over.)		
Place of Birth	<u>Germany</u>		
Birthplace of Father			
Birthplace of Mother			
Disease or Cause of Death			
CHIEF CAUSE	<u>Choleraemia (Biliary Cirrhosis)</u>		
CONTRIBUTING CAUSE			
(In filling the above lines physicians are earnestly requested to conform strictly to the Nomenclature printed on the back hereof.)			
PLACE WHERE DISEASE WAS CONTRACTED, if other than place of death.			
Place of Death, No. <u>1915 S Jeff M</u>	Street. <u>2</u>	Sanitary District	
If death occurred in an institution, give the name of same			
Length of time deceased was an inmate			
And previous residence			
Late Residence	<u>Same</u>		
Length of Residence, (in city or town)	<u>55 years</u>		
I CERTIFY that I have attended the person above named in his last illness, who died of the disease stated, on the date above named.			
<u>H. S. Thomas</u> M. D.			
Address <u>Lafayette & Grant</u> Telephone No. <u>K 113</u>			
BURIAL PERMIT.			
OFFICE OF HEALTH DEPARTMENT, St. Louis, <u>12-31</u> 190 <u>8</u>			
I CERTIFY that I have examined the above Certificate and find it to accord with the requirements of the Charter and the Ordinances of the City of St. Louis, and therefore, permission is hereby given to inter the body of the person therein named in <u>St. Peter's</u> cemetery.			
<u>St. Peter's</u> Cemetery.			
Health Commissioner.			
Under-taker.			
I CERTIFY that the intended place of burial for the body of the above named person is <u>St. Peter's</u> Cemetery.			
<u>St. Peter's</u> Cemetery.			
Sextons receiving Burial Certificate without the signature of the Commissioner or the Clerk will subject themselves to a fine, as provided by Revised Ordinance, 1909.			