

*Approved*

*Wm*

in Case of a Death, the Physician attending must fill this blank and furnish same to a member of the Board, under Penalty of \$50.00. - Revised Government.

# Health Department of the City of Charleston



"All permits for the removal of the body of any deceased person from the City of Charleston for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Charleston, shall be granted and signed by the Registrar."

Carry this Certificate to City Hall for Burial Permit.

All Physicians practicing in Charleston (including those in Public Institutions) are requested to register their names in the Bureau of Vital Statistics.

## CERTIFICATE OF DEATH 1109

1. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parent's name. John Sanguineti
2. Age, 54 years, \_\_\_\_\_ months, \_\_\_\_\_ days. Color White
3. Single, Married, Widow or Widower, Cross out the words not required in this case. \_\_\_\_\_
4. Occupation, Labourer
5. Birthplace, City, County or State. Italy How long in the United States, if of Foreign Birth. 25 yrs
6. How long Resident in this City, 25 yrs
7. Father's Birthplace, City, County or State. Italy
8. Mother's Birthplace, City, County or State. "
9. Place of Death, If an institution, please state the name. 82 Queen Street, \_\_\_\_\_ Ward.

10. I hereby Certify, That I attended deceased from June 15 1905 to Aug 22 1905 that I last saw him live on the 1st day of Aug 1905; that he died on the 22 day of Aug 1905, about 9 o'clock A. M. or P. M.; and that the Cause of his death was:

First (PRIMARY) Paralysis  
 Second (IMMEDIATE) Nephritis

All the above information should be furnished by the Physician.

Place of Burial, St Ann  
 Date of Burial, \_\_\_\_\_  
 Undertaker, J. M. Calster  
 Place of Business, \_\_\_\_\_

**FROM TIME ATTACK TILL DEATH.**  
 Write opposite each cause. If unknown, it should be so stated.

Signed by Charles A. Spencey, Jr. D.  
Medical Examiner  
 Address City Hospital

957