

MISSOURI
STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
ST. LOUIS, MISSOURI
JAN 2 1887
AT THE YOO...
W.S.H.
UNKNOW...
No. 11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
posed by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W.G. Peterson*

Licensed Embalmer No. *37*
P. O. Address *7420 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so-stated above.