V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15605

Registration District No. 789 Primary Registration District No. 20D Registrar's No. 1070

96

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson Mo R 10 Box 870
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. 10 Box 870
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEMA (Specify whether
In this community 25 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Ferguson Station R 10 Box 870
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 10 Box 870 Highway 66
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME William D. Uzzell
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Lucy Uzzell
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April (Month) 29 (Day) 1861 (Year)

8. AGE: Years 81 Months Days 15 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Mo. (State or foreign country) D
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name James R. Uzzell
13. Birthplace Un. Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Un. Known
15. Birthplace Un. Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Lucy Uzzell
(b) Address Ferguson Station R 10 Box 870
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Crm
18. (a) Signature of funeral director Friedrich F. Home
(b) Address 8319 Halls Ferry Rd.
19. (a) MAY 16 1942 (Date received local registrar) (b) C. H. McCarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1942 hour 2 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 10, 1942 to May 13 1942; that I last saw him alive on May 13 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Mycarditis	3 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury D
23. Signature (M. D. or other)
Address 8321 N. Broadway Date signed 5/16/42

701 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wilford H. Burnley

Licensed Embalmer No. 4 2102

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.