

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1527

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Black Jack

(c) Name of hospital or institution: Halls Ferry Road.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Birth (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Black Jack

(If outside city or town limits, write "RURAL")

(d) Street No. Halls Ferry Rd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathilda M. Uzzell

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Not mentioned

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 4, 1857

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>3</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Black Jack Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Frederick Jacobsmeyer

13. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles W. Oellein

(b) Address Route 10, Ferguson, Mo.

17. (a) Burial (b) Date thereof 7/3/43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 2 10 43 (b) C. J. McFarren

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1943 hour 7:00 PM minute M

21. I hereby certify that I attended the deceased from March 21 1943 to June 21 1943

that I last saw her alive on June 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. P. Ahrens (M. D. or other) M.D.

Address Ferguson, Mo Date signed July

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

93d

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**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 *William G Buchholz*

Licensed Embalmer No. *2110*

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.**