

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003  
4903  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **1596**  
(c) City or **St. Louis Missouri** (d) Street No. **4229 Blaine BLAINE AVE** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

**400** **Mariah L. Will**  
**4229 Blaine BLAINE AVE**  
(a) Residence, No. .... St. **18**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. D. Will**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 14, 1852**  
7. AGE YEARS **86** MONTHS **8** DAYS **3** If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Carolina**  
13. NAME **Chas. Ratlief**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
15. MAIDEN NAME **Lavae Cooper**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
17. INFORMANT (ADDRESS) **Arthur Reed St. James Mo.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. James Mo.** DATE **Feb. 20, 1939**  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe Inc. 4700 Washington Blvd.**  
20. FILED **FEB 18 1939** **J. D. Budick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 17 1939**  
22. I HEREBY CERTIFY, That I attended deceased from **Jan 31 1939**, to **Feb 17 1939**  
I last saw h. e. w. alive on **Feb 17 1939**. Death is said to have occurred on the date stated above, at **12:20 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Myocarditis Chronic**  
Date of onset **13 yrs.**  
Other contributory causes of importance:  
**Arteriosclerosis**  
**Acidility**  
Name of operation **none** Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **no**  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify **Water E. Neumann** M. D.  
(Signed) **Water E. Neumann**  
(Address) **511 Clinton Street**  
**St. Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7512 Quincy

**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.....

Wilfred Burnley....., Registered Apprentice No. 1  
working under my personal supervision.

Signed Albert G. Kapp.....

Licensed Embalmer No. 2971.....

P. O. Address.....

**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, above space should be left blank.**