V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31893

FILED OCT 3 1944

Registration District No. 37

Primary Registration District No. 3068

Registrar's No. 1997

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2824 Burgess
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2824 Burgess
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Effie C. Blaney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lloyd Blaney

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

7. Birth date of deceased August (Month) 25 (Day) 1857 (Year)

8. AGE: Years 87 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Winterset (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Madison Collier
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Douglass
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Dr. Alva N. Blaney

(b) Address 1526 Grape Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Monette, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 30 1944 (Date received by Registrar) (b) E. L. McGauran M.D. (Registrar's signature) cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1944 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 12, 1944 to Sept. 28, 1944 that I last saw her alive on Sept. 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis — 2 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

23. Signature James T. Clark (M. D. or other)

Address 5536 Robin Ave. Date signed 9-29-44

(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.....

Licensed Embalmer No.....3575

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, fact should be so stated above.