

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5928

State File No. ....

Registrar's No. ....

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1321

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) University City, MO. 433	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 6600 WASHINGTON AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA b. (Middle) BLANEY c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH NOV. 12, 1861		9. AGE (In years last birthday) 92		10. UNDER 1 YEAR Months Days 11. OVER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) HILLSBORO, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN C BOHNE		13b. MOTHER'S MAIDEN NAME CAROLINE RAU	
14. NAME OF HUSBAND OR WIFE MARTIN V BLANEY, DEC.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME DOROTHY BUSCH		17. ADDRESS 3223 HARTFORD ST.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE HIP (FALL)  ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) ARTERIOSCLEROSIS GEN  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 DAYS.  UNK	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE 6600 WASHINGTON ST. LOUIS MO	
21d. TIME OF INJURY FEB. 9 1954 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FALL FROM BED. 000 E9020	

22. I hereby certify that I attended the deceased from 11 FEB, 1954, to 12 FEB, 1954, that I last saw the deceased alive on 10 FEB, 1954, and that death occurred at 12:35 p.m., from the causes and on the date stated above. 21

23a. SIGNATURE Robert W. Warner		(Degree or title) M.D.		23b. ADDRESS 818 OLIVE ST.		23c. DATE SIGNED 11 FEB 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY OLD ST MARCUS CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	

DATE REC'D BY LOCAL REG FEB 11 1954		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUN. HOME, IMPERIAL, MO.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur W. Healy

Licensed Embalmer No. 3872

P. O. Address Imperial 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.