S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1947

State File No. 28848

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7842

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dest at City Hosp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2230a Warren Str 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James R Blaney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 5. 1933
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
14	0	11	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name George R Blaney 0
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Scheib
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. R Blaney father
(b) Address 2230a Warren Str.

17. (a) Burial (b) Date thereof 8/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation College Hill Cem Lebanon Ill

18. (a) Signature of funeral director Hy. Leidner Und Co
(b) Address 2223 St. Louis Ave.

19. (a) AUG 18 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning, when he fell out of his uncle's Motor Boat into Mississippi River About 200 feet from east Bank on Aug 16 1947 about 7.30 PM

Duration

Other conditions
(Include pregnancy within 3 months of death) 183

Major findings:
Of operations

Of autops. N.R. 36

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 136

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 16 1947

(c) Where did injury occur? Eureka Glenwood
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work? no (e) Means of injury See above

23. Signature Dr. Alfred J Perry (M. D. or other) 3

Address Deputy Coroner Date signed 8.18.47

Jefferson City Printing Co. (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 Not Embalmed Registered Apprentice No. working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 3223 Springer Ave

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.