

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1003

State File No. 45588

12089

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If rural, give location) OR TOWN <u>St. Louis, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		e. STREET ADDRESS <u>5138 Ridge Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>Tait</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 21 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 2, 1902</u>
9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George D. Tait</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Pauli</u>	
14. NAME OF HUSBAND OR WIFE <u>none.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ella Tait, 6243 Southwood Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Lobar pneumonia, lower left</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Congestive heart failure	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>490X</u>		22. I hereby certify that I attended the deceased from <u>6-1</u> , <u>1952</u> , to <u>12-21</u> , <u>1953</u> , that I last saw the deceased die on <u>12-21</u> , <u>1953</u> , and that death occurred at <u>11:07 pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John H. McManahan M.D.</u>		23b. ADDRESS <u>5400 Arsenal Street</u>	
23c. DATE SIGNED <u>12-22-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Fun. Home, 1167 Hamilton Ave</u>	
DATE REC'D BY LOCAL REG. <u>DEC 22 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.