

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

XC FILED MAR 2 6 1956 REG. 14348 SL 8960		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		State File No. 11507					
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2270			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 18 days		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				e. STREET ADDRESS (If rural, give location) 9944 Baltimore					
3. NAME OF DECEASED (Type or Print)			a. (First) Douglas		b. (Middle) M.		c. (Last) Tait		
4. DATE OF DEATH (Month) (Day) (Year) 3-2-56				5. SEX Male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-28-26		9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Civil Engineer			10b. KIND OF BUSINESS OR INDUSTRY Unknown			11. BIRTHPLACE (City and State or Foreign Country) Absher, Montana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ralph M. Tait			13b. MOTHER'S MAIDEN NAME Bertha Munster			14. NAME OF HUSBAND OR WIFE Vera L. Tait			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 517226912			17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Tubular Nephrosis				ANTECEDENT CAUSES				12 Hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Post operative vascular hypotension				12 Hours	
and (c) Early gangrene of small intestine				II. OTHER SIGNIFICANT CONDITIONS				Unknown	
Conditions contributing to the death but not related to the disease or condition causing death. Ulcerative Colitis				Unknown					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 591X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 2-13 , 19 56 , to 3-2 , 19 56 , that he died on the second day of March , and that death occurred at 9:55pm. , from the causes and on the date stated above.									
23a. SIGNATURE J.T. HAMINSKAS (Degree or title) M.D.						23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 3-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/4/56		24c. NAME OF CEMETERY OR CREMATORY Havre Cemetery		24d. LOCATION (City, town, or county) (State) Havre, Montana			
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE Charles Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 S Grand Blvd.				

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lee E. Brown*.....

Licensed Embalmer No. *4*.....

P. O. Address *.....*

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.