

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8184

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis ³ Registration District No. 96
(b) Township Coronado ¹ Primary Registration District No. Veterans Hospital Registered No. 345
(c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Franklin TAITE ³⁰⁰
(a) Residence, No. 3907 West Pine Street, St. St. Louis, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1865</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Officer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>U.S. Marines.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 21, 1923</u>	11. Total time (years) spent in this occupation <u>33 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) <u>New York City,</u> (STATE OR COUNTRY) <u>New York.</u>		
FATHER	13. NAME <u>William Taite,</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ireland.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Annie Galaena,</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Sullivan Co., N.Y.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>M. Schuller</u> (ADDRESS) <u>Clinical Clerk, VAF, Jeff. Hqs., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barracks</u> DATE <u>Feb 23</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>CRAIG MORTUARY, ST. LOUIS, MO</u> (ADDRESS) <u>4468 Washington St.</u>		
20. FILED <u>2-22</u> 19 <u>38</u> <u>TR Meyer</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to Feb. 20, 1938
I last saw him alive on Feb. 20, 1938. Death is said to have occurred on the date stated above, at 7:03 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, generalized.
(Arteriosclerotic heart).

Other contributory causes of importance:
Myocardial insufficiency, congestive type of cardiac failure with hypertrophy and dilatation; chronic nephritis with retention of nitrogen.

Name of operation none. Date of 1/31

What test confirmed diagnosis? Phys. clinical findings and laboratory. Was there an autopsy? NO.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none. Date of injury 19
Where did injury occur? none. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none.
Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none.
(Signed) C. W. Hughes, M.D., Ch. Med. Off., M. D.
707 (Address) VAF, Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Philip M. Craig

Licensed Embalmer No. 3281

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.)