

FILED JUN 22 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3701 Lindell, Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James F. Tait

(b) If veteran, name war unknown (none) (c) Social Security No. 159-10-7789

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva McMillan Tait. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 10 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days *** If less than one day hr. min.

9. Birthplace Preston Pans, 4 Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Salesmanager. (Power Equipm

11. Industry or business Bucyrus-Erie Co.

MOTHER FATHER { 12. Name James Tait.

13. Birthplace 4 Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Helen Bell.

15. Birthplace 4 Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.F.Tait.

(b) Address 3701 Lindell, Blvd.,

17. (a) removal (b) Date thereof 6-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conneant, Ohio

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd

19. (a) JUN 11 1942 (b) John Garmon
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1942 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from 2-26-42
..... 19..... to June 9th 1942

that I last saw h. in alive on June 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhag from G-tract Duration 2 days

Due to Rupture of esophageal varix

Due to Portal Cirrhosis

Under conditions ascites 3 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/4/41
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur Wells (M. D. or other) 0
Address 3720 Washington Date signed 6/10/42

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

