

NOV 14 1939

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

37085
Do not use this space.

1. PLACE OF DEATH
 (a) County Ste Genevieve Registration District No. 783
 (b) Township Saline Primary Registration District No. 6029
 (c) City..... (d) Street No..... 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 Emma Bequette
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jahn F. Bequette
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..hrs. or ..min.
82 1 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve County Mo
 FATHER 13. NAME Geo. Happ
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Caroline Loesick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) E. S. Hamack Farmington Mo Rt 3
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 10/9/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington and Co. Farmington Mo
 20. FILED Oct 19 39 Mrs A. G. Boyd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1939
 22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1939, to Oct 7, 1939
 I last saw her alive on Oct 1, 1939. Death is said to have occurred on the date stated above, at 2 a m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset
 Other contributory causes of importance:
 Name of operation Type Date of 5-30
 What test confirmed diagnosis Element Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Apoplexy
 (Signed) [Signature] M. D.
 (Address) Farmington Mo

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.

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,

me

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

C. Hugo Cozcan

Licensed Embalmer, No.....

4084

P. O. Address.....

Farmington Mo.

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, above space should be left blank.