

FILED JUN 18 1947

Registration District No. 2/19

Primary Registration District No. 6078

Registrar's No. 29

1. PLACE OF DEATH:

(a) County **Ste Genevieve**  
(b) City or town **rural Jackson Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

**Missouri Ste. Genevieve**  
(a) State (b) County  
(c) City or town **rural - JACKSON TWP 15**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **near Farmington**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Catherine Charlotta Bequette**

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **William B. Bequette** 6. (c) Age of husband or wife if alive **82** years  
7. Birth date of deceased **August 22 1867**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **21** If less than one day hr. min.

9. Birthplace **St. Louis** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Christopher Pogenmiller**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Charlotta Long**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Bequette**

(b) Address **French Village**

17. (a) **D** (b) Date thereof **6-15-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **on farm**

18. (a) Signature of funeral director **C. H. Coe an**

(b) Address **Farmington, Mo.**

19. (a) **6-15-47** (b) **Joseph M. Karl**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**  
**1947** year hour **9** minute **50** M.

21. I hereby certify that I attended the deceased from **May 21** to **June 13** 19**47**  
that I last saw her alive on **June 11** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia**  
**labor**  
Due to **Cerebral Hemorrhage**

Due to **Cancer Uterus**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **2**

23. Signature **J. J. Zupan** (M. D. or other)

Address **Flat 2100** Date signed **6/14/47**

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

5  
0  
0

MOTHER FATHER

Duration  
5-6 days  
4 weeks  
1-2 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 642-834  
Date Filed 6-17-42

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

Signed Nellie Hartes  
Licensed Embalmer No. 2969  
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, fact should be so stated above.