

1-147
17-39

FILED OCT 18 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **Saint Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **15 Days**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **Saint Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **6** **5754** **Theodosia Avenue** **9**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Felix C. Bequette**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5th**
year **1948** hour **8** minute **55** P.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married; divorced..... **Widowed**

6. (b) Name of husband or wife..... **Late Emily Bequette**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **March 8th, 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 5th 19 48**
....., 19....., to..... **Oct. 5th 19 48**
that I last saw him **in** alive on..... **Oct. 5th 19 48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:

Years	Months	Days	If less than one day
77	6	27hr.min.

Due to..... **Peritonitis**

Due to..... **Colitis-Ulcerative**

Due to..... **Mesenteric thrombosis**

9. Birthplace..... **French Villiage, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Derrick Man**

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

Major findings:
Of operations..... **12/17**

11. Industry or business..... **Terminal R. R. Co.**

12. Name..... **August Bequette**

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

14. Maiden name..... **Julia Aubuchon**

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

Of autopsy.....

PHYSICIAN.....
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Adrian Barrett**

(b) Address..... **5754 Theodosia Avenue**

17. (a) Removal-Motor..... (b) Date thereof..... **10/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bonne Terre, Missouri**

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?..... (Specify type of place)

While at work?..... (e) Means of injury..... **3**

18. (a) Signature of funeral director..... **Calvin F. Feutz**

(b) Address..... **4828 Natural Bridge Boulevard**

19. (a) **OCT 6 1948** (b) **J. B. Lasater**
(Date received local registrar) (Registrar's signature)

23. Signature..... **W. Carter** (M. D. or other)
1515 Lafayette
Address..... Date signed..... **10/6/48**

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

Signed

John A. Mlinar

Licensed Embalmer No.

4186

P. O. Address

St. Louis, 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.