

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union</b>	
c. LENGTH OF STAY (In this place) <b>two days</b>		d. STREET ADDRESS (If rural, give location) <b>1100,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Gerard</b>	c. (Last) <b>Bequette</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 8-1954</b>
-------------------------------------	-------------------------	---------------------------	---------------------------	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 8, 1952</b>	9. AGE (In years last birthday) <b>1</b>	# UNDER 1 YEAR <b>11</b>	# UNDER 1 MONTH <b></b>	# UNDER 1 MIN. <b></b>
--------------------	-------------------------------	---	--------------------------------------	--	--------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>Fred Bequette</b>	13b. MOTHER'S MAIDEN NAME <b>Lilly Politte</b>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Bequette, Cadet Rt. Mo</b>	ADDRESS
--	-------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>492x</b>
--	--	--

22. I hereby certify that I attended the deceased from **June 6, 1954**, to **June 7, 1954**, that I last saw the deceased alive on **June 7, 1954**, and that death occurred at **12:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wayne U. Rupp M.D.</b>	(Degree or title) <b>6-8-54</b>	23b. ADDRESS <b>7736 Maryland, Clayton Mo</b>	23c. DATE SIGNED <b>6-10-54</b>
--	---------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-10-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachims Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Old Mines, Mo</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>JUN 10 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur W. Smith</b>	ADDRESS <b>Petasilla</b>
---	--------------------------------------	---	--------------------------

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Patasville*

**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.