

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF.									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 11 DAYS		c. CITY OR TOWN DeSoto Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Eda Middle Augusta Last Bequette				4. DATE OF DEATH Month Dec. Day 4 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-15-1879		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY *		11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME FREDERICK RUMMEL				13b. MOTHER'S MAIDEN NAME UNK.				14. NAME OF HUSBAND OR WIFE PETER BEQUETTE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address EDNA E. REYNOLDS DE SOTO Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: o.k. <i>Josephine Bequette</i> IMMEDIATE CAUSE (a) Cerebral Hemorrhage Condition if any, which gave rise to the cause stating the underlying cause last. DUE TO (b) 331NF DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 4 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip.							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home									
20c. TIME OF INJURY Hour a.m. p.m. 11-23-60													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		20f. CITY, TOWN, OR LOCATION De Soto		COUNTY JEFFERSON Mo.		STATE					
21. I attended the deceased from Nov 23 1960, 12/4/60 and last saw her/him alive on 12-1-60 Death occurred at 9:30 A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Edna E. Reynolds De Soto</i>						22b. ADDRESS 7820 Cambridge St			22c. DATE SIGNED 12/4/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC. 4 1960		23c. NAME OF CEMETERY OR CREMATORY CALVARY			23d. LOCATION (City, town, or county) (State) DeSoto Mo.						
24. FUNERAL DIRECTOR DIETRICH F. HOME DeSoto Mo.				25. DATE RECD. BY LOCAL REG. DEC 5 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald B. Dine

Licensed Embalmer No. 4104

P. O. Address Delto M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.