

Office of Vital Statistics  
**FILED AUG 16 1947**

Registration District No. **517**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days (8/5/47)**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington** **110**

(c) City or town **Fertile, Mo. (Rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **1**

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BEQUETTE, FLOYD J.**

3. (b) If veteran, name war **WW-2**

3. (c) Social Security No. **499-03-5736**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Bequette** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 16 1911**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>32</b>	<b>7</b>	<b>8</b>	hr. _____ min. <b>0</b>

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

10. Usual occupation **Laborer**

11. Industry or business **De Soto Adv. Co.**

12. Name **Theodore Bequette**

13. Birthplace **Washington Co., Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Zella Boyer**

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

16. (a) Informant **Registrar, Vet. Adm. Hospital**  
(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **Aug. 18, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **De Soto, Mo Mothershead Funeral Home**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Desoto, Missouri**

19. (a) **8-13-47** (b) **Beula J. Haynes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8** 19**47** hour **11:20 p.** minute **0**

21. I hereby certify that I attended the deceased from **Aug. 5, 1947** to **August 8, 1947**; that I last saw him **alive on August 8, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolus**

Due to **Acute perforated appendicitis**

Due to **121**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Appendectomy 8/5/47**

Of operations \_\_\_\_\_

Of autopsy **No autopsy performed**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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? **not Rose** (e) Means of injury **0**

Signature **WILLIAM F. ROSE** (M. D. or other) \_\_\_\_\_

Address **VAH, Jeff. Barracks, Mo** Date signed **8/9/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

FEB 6 1940

FEB 25 1940

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 \_\_\_\_\_

Licensed Embalmer No. 3531

P. O. Address Stato me

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.