. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22425

Registrar's No. 6300

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 060

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

(d) Street No. 3840 So. Main St. 9
(If rural, give location) 24 0

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

If yes, name country

3. (a) PRINT FULL NAME Arzella LaRose

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Vincent LaRose

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

7. Birth date of deceased September (Month) 12 (Day) 1895 (Year)

8. AGE: Years 51 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Flat River (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Bean

13. Birthplace Iron Co. (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Dorothy Farley

15. Birthplace Ste. Genevieve Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Flora Belle Holmes

(b) Address 2612 So. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 7-1-47 (Date received local registrar) (b) [redacted] J. Brazeeky

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30 year 1947 hour 9 minute 2 A.M.

21. I hereby certify that I attended the deceased from Sept 6, 1946 to June 25, 1947, that I last saw her alive on June 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Asthma (Bronchial) Duration Two years

Due to Myocarditis chronic Two years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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

23. Signature Leroy E. Ellison (M. D. or other) MD

Address 3610 So. Broadway Date signed 7-8-47

Jefferson City Printing Co.

## 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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.