

FILED MAR 1948

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4569 Plover Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4569 Plover Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME William B. Kosse

(b) If veteran, name war none (c) Social Security No. 489-07-7292

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Grace Kosse (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Apr. 23 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Photo Engraver

11. Industry or business Globe - Democate

MOTHER FATHER

12. Name Bernard Kosse

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Grace Kosse

(b) Address 4569 Plover Ave.

17. (a) Burial (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 23 1948 (b) J. W. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th.
 year 1944 hour 7:30 PM. minute M.

21. I hereby certify that I attended the deceased from Feb 17 1944 to Feb 20 1944
 that I last saw him alive on Feb 20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Valvular Heart Lesion
 Duration about 6 mos.

Due to 92

Other conditions Bronchitis + days
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to 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?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. W. Shaw (M. D. or other) _____
 Address 2330 Juniper Date signed 2/24/44

WRITE PLAINLY—USE 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.....

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

Signed Harold L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.