

Registration District No. \_\_\_\_\_

Primary Registration District 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:  
Park Plaza Hotel 220 N Kingshighway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 yrs years, months or days)

3. (a) PRINT FULL NAME

James Spalding Kosare

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 487-10-960

4. Sex Male  
5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helene

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

7. Birth date of deceased Oct 25 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madisonville Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel manager

11. Industry or business \_\_\_\_\_

12. Name James

13. Birthplace Ky. 1  
(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 Celeste Burrows

(b) Address Louisville Ky.

17. (a) Cremation (b) Date thereof 4-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Sam Miller  
(b) Address 5041 Delmar

19. (a) APR 20 1944 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
Street No. 220 N Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1944 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from July 6  
1939 to April 19 1944  
that I last saw him alive on March 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis  
arteriosclerosis general

Due to Hypertension Hemiplegia 5 mo

Due to Hemiplegia Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Coronary atherosclerosis  
general arteriosclerosis

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 Keith Schuman (M. D. or other) M.D.  
Address 4952 Maryland Date signed 4-18-44

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

MOTHER FATHER

000  
17  
9

**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..... *Howard L. Rowland* .....

Licensed Embalmer No. *3114* .....

P. O. Address.....

**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.**