

FILED APR 8 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2332**

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: **Jewish Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **42 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **University City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **525a Westgate**  
(If rural, give location)  
(e) Citizen of foreign country? **U.S. Citizen** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Isadore Coult** (also known as) **Sam Coult**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **1**  
6. (b) Name of husband or wife **Anna L. Coult**  
6. (c) Age of husband or wife if alive **(unk)** years

7. Birth date of deceased **May 3 1878**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **9** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Odessa** **Russia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tailor**

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

12. Name **Elchonon Kuchinsky**

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

14. Maiden name **Ida** (unk)

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

16. (a) Informant **Mrs. Anna L. Coult**

(b) Address **525a Westgate Ave**

17. (a) **burial** (b) Date thereof **3/15/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**  
**4715 McPherson**

(b) Address \_\_\_\_\_  
19. (a) **MAR 14 1942** (Date received local registrar)  
**J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **12**  
year **1942** hour **3** minute **55** P.M.

21. I hereby certify that I attended the deceased from **9:30 am** to **Mar 12 1942**  
that I last saw **him** alive on **Mar 12 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration **hour.**  
Due to **Myocardial Failure** **4 days.**  
Due to **Arteriosclerotic Heart Disease.**

Other conditions **Cancer.**  
(Include pregnancy within 3 months of death)  
**Pruritic Hepatic Flexura**  
Major findings: **Carcinoma of ascending colon** **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy **Pulm. Edema**  
Underline 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? \_\_\_\_\_

23. Signature **David J. Cole** (M.D. or other) **H.D.**  
Address **Jewish Hosp.** Date signed **3/15/42**

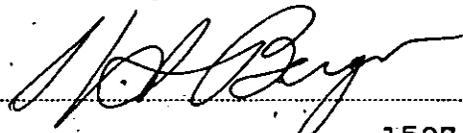
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

179

100-062

**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. 1597

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.**