

Registration District No. **791**

Primary Registration District No. **1003**

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:  
1918 Washington Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Caroline M. Eberle,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Robert Eberle, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 9, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 9 hr. min.

9. Birthplace Germantown Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

12. Name Henry Koebbe

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

14. Maiden name Elizabeth Mueller

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

16. (a) Informant Clarence H. Eberle,

(b) Address 6622 Lindenwood Ave.

17. (a) Cremation (b) Date thereof 10/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT 4 1941 (b) J. J. Baedek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1918 Washington Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 15 - 1940  
1940 to Oct 1st 1941;  
that I last saw her alive on Nov 15 - 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Tenacity, Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 930  
Of autopsy \_\_\_\_\_

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 Peter A. Beck 9.10 (M. D. or other) 0  
Address 4701 5th Ave. Ann Date signed 10/3/41

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

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19  
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 Edward J. Backlund  
Licensed Embalmer No. 2502  
P. O. Address Dayton Mo

**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.**