

FILED JAN 25 1946  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
603 Bates St.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL") 1517

(d) Street No. 603 Bates St.  
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 13

If yes, name country.....

3. (a) PRINT FULL NAME Caroline Ellenberger

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or White

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

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

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

7. Birth date of deceased Oct. 9 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 3 4 3 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Home Work

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Ellenberger 11

13. Birthplace Germany 7  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Schmid

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Ellenberger

(b) Address 3528 Pestolizzi St

17. (a) Burial (b) Date thereof 1-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus.

18. (a) Signature of funeral director W. Heidemann

(b) Address 6203 Gravois Ave.

19. (a) JAN 15 1946 (Date received local registrar)

J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 28th, 1945 to Jan 11, 1946  
that I last saw her alive on Jan 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal chronic passive congestion 3 day

Due to chronic endocarditis & chronic myocarditis myocardial infarction

Due to.....

Other conditions Recent cold 11/28 to 1-3-46  
(Include pregnancy within 3 months of death)

Major findings: 92

-Of operations.....

Of autopsy.....

PHYSICIAN W. Heidemann

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 B. S. V. ... (M. D. or other) 0-210

Address 6006 Virginia Ave Date signed 1/14/46

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**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 B. Lewis H. Padwell  
Licensed Embalmer No. 4077  
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.**