

JUN 14 1943
Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **5277**

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:
St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Erma Neslage Von Doersten**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **Late Edward Von Doersten** 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased **June 3rd 1868**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 0 3 hr. min.9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Herman Neslage** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Cornelia Schulte**
(City, town, or county) (State or foreign country)15. Birthplace **Germany**
(City, town, or county) (State or foreign country)16. (a) Informant **Edith Lyman**
(b) Address **#14 Windsor Lane**17. (a) **Burial** (b) Date thereof **6-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Valhalla Cemetery**18. (a) Signature of funeral director **Kriegshauser Mortuaries**
(b) Address **4228 So. Kingshighway Blvd.**19. (a) **JUN 14 1943** (b) **J. F. Bredek**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
 (c) City or town **Kirkwood**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **#14 Windsor Lane**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**
year **1943** hour **7:40** minute **A.M.** M.21. I hereby certify that I attended the deceased from
June 2, 19**43** to **June 6,** 19**43**
that I last saw her alive on **June 6,** 19**43**
and that death occurred on the date and hour stated above.Immediate cause of death..... **Peritonitis** Duration **1 day**Due to **Ruptured Duodenal Ulcer with malignant changes**Due to **Primary site**
Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations..... **Hb** PHYSICIAN
Of autopsy.....
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 **R. W. Peters** (M. D. or other) **M. D.**
 Address **4145 a S. Grand Blvd.** Date signed **6/7/43**

4145a do Howard
No. 9933 W-4

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 *Richard W. Howard*

Licensed Embalmer No. *4007*

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.