

**FILED** MAR 20 1948  
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**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4431 S. Broadway Home of the Friendless**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5**  
In this community **5**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Anne Taylor**

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **1853** years

7. Birth date of deceased **March 3 1853**  
(Month) (Day) (Year)

8. AGE: Years **93** Months **0** Days **4** If less than one day  
hr. min.

9. Birthplace **Hermann Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

MOTHER FATHER  
12. Name **Jacob Doneyer**  
13. Birthplace **Bavaria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Unknown**  
15. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. Jones**

(b) Address **4431 S. Broadway**

17. (a) **Burial** (b) Date thereof **March 9, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**  
**C. Hoffmeister Colonial Mortuary**

(b) Address **6464 Chippewa st.**

19. (a) **MAR 8 1946** (b) *J. Brown*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17 15**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4431 S. Broadway**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**  
year **1946** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **1944**, 19 **Mar 7**, 19 **46**  
that I last saw **her** alive on **Mar 7**, 19 **46**  
and that death occurred on the date and hour stated above

Immediate cause of death **Arteriosclerosis**  
**Osteo arthritis**  
Duration **8 yrs**

Due to **Sarcinosis**

Due to **Double Cataract (blind)**

Other conditions **Double Cataract (blind)**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**  
Of autopsy **no**  
PHYSICIAN  
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) **no**  
(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) (c) Means of injury **no**  
23. Signature **Chas. Hoffmeister** (M. D. or other) **M.D.**  
Address **3750 Washington** Date signed **3/19/46**

3720 W. 18th St.

**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 Louis C. Hoffmann  
Licensed Embalmer No. 3871  
P. O. Address 2814 S. Broadway

**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.**