

FILED JUL 24 1943

Registration District No. 977

Primary Registration District No. 2007

57306

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6934 Dartmouth  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 9 Months  
(years, months or days)

3. (a) PRINT FULL NAME Lillian Selpf Waring

3. (b) If veteran, name war No

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 Hancron Mitchell Waring

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

7. Birth date of deceased Mar 1 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 18

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Charles County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

12. Name James Hoague

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Noonan

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

16. (a) Informant J. W. Jones

(b) Address 5872 Cates

17. (a) removal (b) Date thereof 7-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delman Blvd

19. (a) 7-19-43 (b) J. M. C. Lanyon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

(c) City or town Moberly 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th  
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 1942 to July 19 1943  
that I last saw her alive on July 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma of cervix uteri; metastatic carcinoma of bone

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Mary Elizabeth Jones (M. D. or other) M.D.  
Address: 4952 Maryland Date signed: 7-19-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Rev Mary Morris

Med Arts Bldg.

4952  
Maryland Ave.

Fo 0353 off.

GR 4545 Res.

Wm. M. M...  
General Director  
St. Louis, Mo

JUL 22 1948

JUL 21 1948

**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

*Thomas R. Demwick*

Licensed Embalmer No. 3793

P. O. Address St. Louis, 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.