

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36871

FILED APR 31 8 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 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. Louis Children'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.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin **35**

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

(d) Street No. Route # 1
(If rural, give location) **NR**

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

If yes, name country.....

3. (a) PRINT FULL NAME Virginia Pauline Walding

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1946 hour 3 minute 10 **Q** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race 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 May 25 1940
(Month) (Day) (Year)

Immediate cause of death 2nd + 3rd degree burns
of 88% of body, suffered when
clothing became ignited while
attempting to start a fire in
a stove at her home on Route #1
in Clarkton, Dunklin Co. Mo.
on Feb. 21 1946 at about 12:00
noon

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>10</u>	<u>10</u> hr. min.

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

10. Usual occupation Child

11. Industry or business.....

12. Name Harmon Walding

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

14. Maiden name Marie Harper

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

16. (a) Informant Marie Walding

(b) Address Clarkton, Mo.

17. (a) Burial (b) Date thereof 4-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 5 1946 (b) [Signature]
(Data received local registrar) (Registrar's signature)

Major findings:
 Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb. 21 1946 0000

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

23. Signature Patrick E. Taylor
(M.D. or other)

Address Deputy Coroner Date signed 4-5-46

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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.....

..... Licensed Embalmer No.....

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.