

No. 300  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42019  
State File No. \_\_\_\_\_  
Registrar's No. 2025

Registration District No. 377

Primary Registration District No. 3069

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mo  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St Louis  
(c) City or town Crossville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME Gerald Herbert Powden  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 1  
year 1948 hour 8 minute 30 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 1 1945  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15 1948 to Dec 1 1948  
that I last saw him alive on Dec 1 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 1 Days — If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Princeton Indiana  
(City, town, or county) (State or foreign country)

Immediate cause of death meningitis B Proteus Duration 1 mo.  
Due to hydrocephalus 1 yr

10. Usual occupation nil  
11. Industry or business \_\_\_\_\_  
12. Name Gerald E Powden  
13. Birthplace Princeton Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mildred Lucille Meeker  
15. Birthplace Thayer Kansas  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)  
Major findings: Of operations Adm  
Of autopsy none

16. (a) Informant Gerry Bowden  
(b) Address Crossville, Mo  
17. (a) Removal (b) Date thereof 12-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Robinson Hill  
18. (a) Signature of informant Robinson Hill  
(b) Address 4104 Manchester  
19. (a) 12-8-48 (b) David G. Longmire  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(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. D. Woolley (M. D. or other) MD  
Address 16 Hampton Village Date signed 12/1/48

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

MOTHER, FATHER

68

572

X

1000 110

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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 Ronald O. Yahrke

Licensed Embalmer No. 3917

P. O. Address Theris 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.**