No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7313

FILED FEB 24 1948

Registration District No. 379

Primary Registration District No. 3069

Registrar's No. 422

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary'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 Mo. (b) County 000
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 5506 Walsh St. 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY WEIXEL
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Edward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 30 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	13	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business Internal Revenue
FATHER
12. Name Patrick Powers 4
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Murphy 1
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant James J. Powers
(b) Address 5506 Walsh St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 2-14-48 (Date received local registrar) (b) Carl J. Sharp MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1948 hour 12:40 minute A. M.
21. I hereby certify that I attended the deceased from 1/21 Jan, 1948 to 2/13/48, 19...;
that I last saw her alive on 2/12/48, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Increased Intracranial pressure
Due to Tumor of R Temporal lobe
Other conditions (Include pregnancy within 3 months of death) 57 d
Major findings: Of operations None
Of autopsy As above

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 2/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1949

FEB 24 19

MAR 10 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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So Kingsbridge Way

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.